



### COMMUNITY LENDING PROGRAM SYSTEM AUTHORIZATION FORM

This form is intended to grant a User access to the Federal Home Loan Bank of New York's ("FHLBNY") Community Lending Program ("CLP") System, which allows Users to submit CLP applications and view Member allocations and commitments.

New temporary passwords and temporary password re-sets are automatically generated and e-mailed to a designated User. Therefore, e-mail addresses must be the User's individual, specific e-mail address. For security purposes, generic and/or shared e-mail addresses will not be accepted. The User indicated below will automatically be granted access to 1Link-IPR Information Reporting if the User does not already have access.

Member Information	User Information
Member Name: _____ Member Number: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Ext: _____ Fax: _____	Name: _____ Email Address: _____ Telephone: _____ <input type="checkbox"/> By checking this box, I agree that I signed this form with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature. <b>User Signature:</b> _____ <b>Date:</b> _____
<b>Community Lending Program Permissions (select one only)</b>	
<input type="checkbox"/> Input <input type="checkbox"/> Input and Submit	
<p>Pursuant to the terms of the (a) Advances, Collateral Pledge and Security Agreement HLB-101, as may be amended from time to time, and (b) Member Certifications related to the Community Investment Program ("CIP"), Rural Development Advance ("RDA"), Urban Development Advance ("UDA"), Business Development Advance ("BDA"), and Disaster Relief Funding ("DRF"), the Member, by its undersigned duly authorized officers ("Authorized Officers"), hereby certifies that the name and signature of the User is of a person who is duly authorized by resolution of Member's Board of Directors (or by authorized senior management) to act for and on behalf of Member and to be recognized by the FHLBNY for the purpose of executing transactions based on the permissions indicated on this form. This designated User shall not have the authority to further delegate the powers delegated herein. The Member, by its Authorized Officers, understands and agrees that (i) upon submitting to the FHLBNY, this form will supersede any existing form for the same User; (ii) changes to this form may only be made by submitting a new signed form to the FHLBNY; and (ii) the FHLBNY will rely on this form until it has had a reasonable time to replace with any new form submitted by the Member.</p> <p>The Authorized Officers signing this form must have one (or more) of the following titles at your institution: Corporate Secretary, Assistant Corporate Secretary, Board Secretary, President, CEO, CFO, COO, Treasurer, EVP, SVP, or VP. Two Authorized Officers of your institution must sign this form certifying that the contents of this form are accurate and that the User is authorized to act on behalf of the institution. The Authorized Officers may only authorize other Users and cannot sign a form in which he/she is the designated User. The Authorized Officers cannot also be designated a User on any other form. The Authorized Officers must check the box if an electronic signature will be used.</p>	
<input type="checkbox"/> By checking this box, I agree that I signed this form with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.  By _____ Date _____ Printed Name _____ Title _____ Telephone _____ Ext _____	<input type="checkbox"/> By checking this box, I agree that I signed this form with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.  By _____ Date _____ Printed Name _____ Title _____ Telephone _____ Ext _____