Federal Home Loan Bank
NEW YORK

ID: HLB-105

Global Authorization Form (GAF)
Instructions for Completing the Interactive GAF

The GAF is an interactive form, located on the Federal Home Loan Bank of New York's (FHLBNY) website, www.fhlbny.com, in the "Members" tab under Forms & Agreements › FHLBNY Member> Required Forms > HLB-106.

By clicking the appropriate boxes, a check mark will be recorded automatically in the box for the requested permissions.

> **Note:** *Due to the dual control nature of our various operating systems, New Customer Applicants must submit three or more fully executed GAFs.*

SECTION 1 (REQUIRED)

Complete all fields in Section 1.
Select the Access Type: <u>Member Access</u> or **<u>Third Party Access</u>** (if a Third Party will execute transactions on your behalf)

Select the User Type:
- Check **"New User"** if this is the *first* time a GAF is being submitted for this User; Upon completion of the GAF, the user will receive an RSA SecurID® device via email.
- Check **"Update User"** if this form amends entitlements for a User already on file at the FHLBNY. If this is selected, please indicate why the User is being updated by checking off the appropriate reason on the GAF. This GAF will supersede the prior GAF submitted for the User.
- Check **"Delete User"** if User is to have all access removed within the FHLBNY. If this is selected, please indicate why the User is being deleted by checking off the appropriate reason on the GAF.

> **Note:** *If this GAF is intended to delete a User, <u>only one</u> authorized officer's signature is required. To expedite the deletion of Users, you may e-mail GAFs to the FHLBNY at MSD@FHLBNY.com.*

<u>CUSTOMER INFORMATION</u>

Date: Enter the date that the GAF was completed.

Customer Name: Enter the name of your institution covered by the GAF.

Street Address, City, State, and Zip: Enter the User's complete address.

Customer Number: Enter your three or four-digit Customer number on file at the FHLBNY. (If there is more than one Customer number to be covered by the GAF, enter the main Customer number on the line, followed by any additional Customer numbers).

> **Note:** *When completing the GAF electronically, the Customer Number and the User's Name will automatically populate on the top of page 2 & 3. When completing the GAF manually, please provide this information at the top of page 2 & 3.*

<u>USER INFORMATION</u>

User Name: Print or type the User's name, including Mr., Mrs., or Ms.

User Signature: The User may provide a manual or electronic signature (check the box as appropriate).

E-Mail Address: New temporary passwords, as well as any required temporary password re-sets, are automatically generated and e-mailed to the 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.

User Title, Telephone Number, Extension, Cell and Fax Number: Complete each section and write "N/A" for any fields that are not applicable.

Third Party Name and Third Party Address: Complete each section and write "N/A" for any fields that are not applicable. If the form is being submitted for a third party, the third party information must be completed.

WIRE SECURITY CONTACT

Indicate if the User should be identified as the Institution's Primary or Secondary Wire Security Contact. Select "No" if the User should not be identified as either the Primary or Secondary Wire Security Contact.

SECTION 2 – INFORMATION REPORTING ACCESS ONLY

Complete Section 2 of the GAF if the User permissions are limited to only Information Reporting within 1Link and/or 1LinkSK. If Section 2 is completed, proceed to Section 5. Do not complete Sections 3 or 4.

A standard set of reports, including Prior and Current Day Balances, can be located in the 1Link system. If the User requires Custom Safekeeping Reports, the User will receive a second user name and password for the 1LinkSK system.

SECTION 3 – TRANSACTION AUTHORITY LEVEL

Option 1: FHLBNY Standard Permissions - Provides the User access to perform all FHLBNY transactions, with an "Unlimited" dollar value for all services. If this option is selected, User will automatically have:
- Information Reporting - User will have access to Standard Information Reports and Safekeeping Reports.*
- Transactions - User will be able to execute transactions via application, telephonic, or email/fax.
- Wires - User will have wire transactional access to any demand accounts associated with that institution.
  - User will have permissions to execute both Fed Wires and Book Wires.
  - User will have permissions to execute Repetitive and Non-Repetitive Wires.

Please indicate whether or not a countersignature is required for safekeeping transactions. Two Users are required to process Free Delivery transactions. If "Required" is selected, all 1LinkSK Safekeeping Users for the customer will have a countersignature requirement.

The User will be set up on both the 1Link and the 1LinkSK systems, and will receive separate user names, temporary passwords, access codes, and security devices for both systems.

Option 2: Specific Transaction Permissions - Provides the User with specific transaction permissions, as described in Section 4. If Option 2 is selected, proceed to Section 4.

SECTION 4 – SPECIFIC TRANSACTION PERMISSIONS

Only complete this section if you selected "Option 2" in Section 3.
Select the permissions within each category as appropriate. If any individual permission is not required, indicate by checking the last option of within the category – "No Permissions should be granted."

WIRE TRANSFER PERMISSIONS

If Options A, B or C are selected under Wire Transfer Permissions, the User will be able to execute Book Wires and Fed Wires. The User will also be able execute and/or approve Repetitive and Non-Repetitive Wires. For the selected options, please indicate whether the User has an "Unlimited" Dollar Limit or a "Specified" Dollar Limit. If left blank, an "Unlimited" Dollar Limit will be automatically assigned to the User. If Option D is selected, the User will have "No Wire Transfer Permissions" granted.

Note: *"Wire Transfer Permissions" is for "1Link Only".*

ADVANCES AND COMMITMENT PERMISSIONS (TELEPHONIC ONLY)

Select the appropriate option for the User to be able to process Advances and Commitment transactions telephonically. "Perform All" permits user to initiate and verify Advance transactions.

ADVANCES TRANSACTIONS VIA 1LINK

Please indicate the type(s) of transactions which the User can access via the 1Link system. For the selected options, please indicate whether the User has the "FHLBNY Maximum" Dollar Limit or a "Specified" Dollar Limit per transaction.

SAFEKEEPING TRANSACTION PERMISSIONS

Option A "Perform All Safekeeping Transactions* permits users to enter and verify trades. The user will all receive Custody Reporting.

- If option A is selected, please indicate whether or not a <u>countersignature</u> is required to process safekeeping transactions. Two Users are required to process Free Delivery transactions. If "Required" is selected, all 1LinkSK Safekeeping Users for the customer will have a countersignature requirement.

Note: *If Option A or B is selected, the User will receive a separate User ID and/or Security Device to access the 1LinkSK system.*

LETTER OF CREDIT PERMISSIONS

Option A "Perform All" permits the user to transact Municipal Letters of Credit and the suite of Stand-By Letter of Credits (Direct Pay, Confirming etc.)

Note: *Letters of Credit can only be performed over the phone.*

COMMUNITY LENDING PROGRAMS (CLP) SYSTEM

The "Input Only" permissions allow Users to enter CLP information into the system but does not allow submission of CLP applications to FHLBNY (requires approval to submit). "Input and Submit" permissions allow Users to enter and submit CLP applications to FHLBNY.

SECTION 5

Your institution's Corporate Secretary/Assistant Corporate Secretary, Board Secretary, President or CFO must certify that the contents of the GAF are accurate, and that the User is authorized to act on behalf of the institution.

The Authorized Officer **cannot** be listed to Initiate and Confirm/Approve any transactions on any GAF. If the Authorized Officer is permitted to execute GAFs and to also process transactions, a GAF Waiver Authorization (HLB-107) is required.

The Executor must type or print the date of execution, sign, and print his/her name, title, and phone number under the "Authorized Officer" heading. The Attestor must provide the same under the "Authorized Officer" heading. The Attestor must be an officer of the institution whose signature is on file at the FHLBNY. The Executor may not execute his/her own GAF, and likewise, the Attestor may not attest his/her own GAF.

If the Executor's or Attestor's signature is not on file, a phone call will be made on a recorded line to verify that this individual is employed at the institution.

The Executor or Attestor must click the check box if an electronic signature will be used.

Please return the completed GAFs via mail, e-mail, or fax to:

Member Services Desk
Federal Home Loan Bank of New York
101 Park Avenue, Floor 6
New York, NY 10178-0601
E-Mail**:** MSD@fhlbny.com
Fax**:** (888) 486 - 2307

Please call (800) 546-5101, option 1, with any questions on completing the GAF.

Federal Home Loan Bank
NEW YORK

ID: HLB-106

GLOBAL AUTHORIZATION FORM (GAF)

The GAF is an interactive form, by clicking the appropriate boxes, a check mark will be recorded automatically in the box for the requested permissions.

Note: *Due to the dual control nature of FHLBNY's various operating systems, new customer applicants must submit fully executed GAFs for three or more Users. If submitting GAFs for only three Users, requested permissions must be consistent among those Users.*

SECTION 1

Select Access Type:
☐ **Member Access**   ☐ **Third Party Access**

Select User Type:
☐ **New User**   ☐ **Update User**   ☐ **Delete User**
                        ☐ Update permissions   ☐ No longer with institution
                        ☐ Remove transaction permissions   ☐ Delete all permission
                                                                (User is still with the institution.)

Customer Information	**User Information**
Date: _____	By signing below, I agree to protect the confidentiality of any confidential information to which I may gain access including, but not limited to, personally identifiable information.
Customer Name: _____	☐ **By checking this box, I agree that I signed this GAF with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.**
Street Address: _____	User Signature: _____ *Must provide a manual or electronic signature*
City: _____ State:____ Zip:_____	**User Name:** _____ *Print or Type, include: Mr., Mrs., or Ms*
Customer #: _____	User Title: _____
Additional Customer #'s (if applicable): _____ _____ _____ _____ _____ _____ _____ _____	E-Mail Address: _____
	Telephone: _____ Ext. _____
Required for Third Party Access	Cell: _____ Fax:_____
Third Party Company Name: _____	
Third Party Company Address: _____	

Should the *Member User* be identified as the institution's wire security contact?

☐ Yes, Primary Wire Security Contact   ☐ No

☐ Yes, Secondary Wire Security Contact

SECTION 2

Information Reporting Access ONLY (For those Users who do NOT require Transaction Authority)
i.e. Prior *and* Current Day Balances, Customized, and Special Reports
Please select the appropriate option(s) below and proceed to Section 5 (do not complete Section 3 or 4).

Note: One or both options below may be selected

☐   1Link - User requires access to Information Reporting only module for all customer's accounts via 1Link

☐   1LinkSK - User requires access to Safekeeping Reports via 1LinkSK both custom and standard set of reports. *(If this option is selected, the User will receive a second username and password for the 1LinkSK System.)*

Continue to Page 2

SECTION 3

Transaction Authority Level *(Select either Option 1 or Option 2.)*

☐ **Option 1: Standard Permissions**

User will automatically have:
- Information Reporting - User will have access to Standard Information Reports and Safekeeping Reports.*
- Transactions - User will be able to perform <u>all</u> FHLBNY transactions, with an "Unlimited" dollar value for all services and execute transactions via application, telephonic, or email/fax.
- Wires - User will have wire transactional access to any demand accounts associated with that institution.
    - User will have permissions to execute both Fed Wires and Book Wires.
    - User will have permissions to execute Repetitive and Non-Repetitive Wires.

Countersignature for Safekeeping Transactions: ☐ Not Required   ☐ Required**

 * The User will receive separate User IDs and security devices for 1Link and 1LinkSK Systems.
** Two Users are required to process Free Delivery transactions. All 1LinkSK Safekeeping Users for customer will have a countersignature requirement.

Continue to Section 5

☐ **Option 2: Specific Transaction Permissions**

The specific transaction permissions must be selected in Section 4. Each part of Section 4 must be completed, even if no transactions permissions will be granted.
In addition to the requested entitlements applicable Reporting Access on 1Link and 1LinkSK will be provided.

SECTION 4

Wire Transfer Permissions for Telephonic and 1Link (includes Repetitive Templates)

☐ A.   Perform All   ☐ C.   Approve Only
☐ B.   Create/Edit Only   ☐ D.   No Wire Transfer Permissions should be granted

User Dollar Limit: $ _____
(If left blank, the FHLBNY established limits will be assigned to this User.)

Advances and Commitments Permissions – Telephonic Only

☐ A.   Perform All   ☐ C.   Verify Only
☐ B.   Initiate Only   ☐ D.   No Advance and Commitment Transaction Permission should be granted

Advance Transactions on 1Link
(The permissions and dollar limits per transactions noted below will only be applicable to transactions entered on 1Link.)

Note: Only one User is required to process Advance transactions.

☐ Overnight   ☐ Dollar Limit per Transaction: _____   or   ☐ FHLBNY Maximum
☐ Short-Term (2-11 Months)   ☐ Dollar Limit per Transaction: _____   or   ☐ FHLBNY Maximum

   Note: If no "Dollar Limit per Transaction" is selected the FHLBNY Maximum will be used.

Safekeeping Transaction Permissions
(This grants the User permission to perform transactions and/or view custom safekeeping reports via the 1LinkSK System.)

☐ A. **Perform All Safekeeping Transactions*** *(includes Information Reporting)* → **Countersignature:** ☐ None Required ☐ Required **

☐ B. Information Reporting Permissions Only*

☐ C. No Safekeeping Transaction Permissions should be granted

 *   If Option A or B above is selected, the User will receive a separate User ID and/or Security Device to access the 1LinkSK system.
 **   Two Users are required to process Free Delivery transactions. If this User is granted 1Link permissions (above) with an Authority Level of A, and the Countersignature Requirement is selected, then all 1Link Safekeeping Users for customer will have a countersignature requirement.

Letter of Credit Permissions

☐ A. Perform All   ☐ B. No Letters of Credit Transactions

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Community Lending Programs (CLP) System

SECTION 4 (CONTINUED)

Select one only: ☐ Input **Only**   ☐ **Input and** Submit   ☐ No CLP permissions should be granted

Note: The "Input Only" permission allows Users to enter CLP information into the system but does not allow submission of CLP applications to FHLBNY. The "Input and Submit" permission allows Users to enter and submit CLP applications to FHLBNY.

SECTION 5

Pursuant to the terms of the (a) Advances, Collateral Pledge and Security Agreement (HLB-101), (b) Correspondent Services Agreement (HLB-104), (c) Wire Transfer Agreement (HLB-108), and (d) the Irrevocable Letter of Credit Reimbursement Agreement (HLB-115), as may be amended from time to time, the Customer, by its undersigned duly Authorized Officers, hereby certifies that the name and signature of the User is of a person who is duly authorized by authorized senior management to act for and on behalf of customer and to be recognized by the FHLBNY for the purpose of executing transactions based on the permissions indicated on this GAF. This designated User shall not have the authority to further delegate the powers delegated herein. The customer, by its Authorized Officers, understands and agrees that (i) upon submitting to the FHLBNY, this GAF will supersede any existing GAF for the same User; (ii) changes to this GAF may only be made by submitting a new signed GAF to the FHLBNY; and (iii) the FHLBNY will rely on this GAF until it has had a reasonable time to replace it with any new GAF submitted by the customer.

Each of the Authorized Officers to this GAF must have one (or more) of the following titles: Corporate Secretary, Assistant Corporate Secretary, Board Secretary, President, CEO, CFO, COO, Treasurer, EVP, SVP, or VP. The Authorized Officers may only authorize other Users and cannot sign his/her own GAF. The Authorized Officers signing below cannot also be designated a User in any other GAF.

Authorized Officer	**Authorized Officer**
☐ **By checking this box, I agree that I signed this GAF with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.**	☐ **By checking this box, I agree that I signed this GAF with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.**

By: _____ Date: _____

Print Name: _____

Title: _____
        Authorized Officer

Telephone: _____ Ext: _____

By: _____ Date: _____

Print Name: _____

Title: _____
        Authorized Officer

Telephone: _____ Ext: _____