



**SCHEDULE OF CUSTOMER AFFILIATE STRUCTURES
STATUS OF PLEDGE OR NON-PLEDGE OF ASSETS**

Customer: _____

The following list represents all affiliate structures on file at the FHLBNY per customer disclosure and FHLBNY research, including the type of business and pledge status of the assets held by the affiliate:

Affiliate Name	Type of Business	Pledge Status (Y/N)

The following list represents affiliates of the customer and the pledge status of the assets:

Affiliate Name	Pledge Status (Y/N)

I certify that my institution does not have either a subsidiary or an affiliate company.

or

I certify that the above information includes all subsidiaries and affiliates of this institution and an accurate pledge status of the assets held by each to the FHLBNY.

Name and Title: _____

Customer Signature: _____

This letter should be sent to:

Collateral Initiatives and Support
CIS@fhlbny.com