**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, <a href="https://www.fhlbny.com">www.fhlbny.com</a>, 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: Member Access or Third Party Access (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 is signature is required. To expedite the deletion of Users, you may e-mail GAFs to the FHLBNY at MSD@FHLBNY.com.

## **CUSTOMER INFORMATION**

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.

#### **USER INFORMATION**

**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 <u>not</u> 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 <u>only</u> 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 <u>all</u> 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.
  - Community Lending Programs (CLP) System
    - User will have Input and Submit permissions
  - Affordable Housing Program (AHP) System
    - User will have Input and Submit permissions

Please indicate whether or not a <u>countersignature</u> 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.

#### AFFORDABLE HOUSING PROGRAM (AHP) SYSTEM

The "Input and Submit" permissions allow Users to enter and submit AHP application and other supporting documentation to FHLBNY.

## **SECTION 5**

The Authorized Officer must type or print the date of execution, sign, and print his/her name, title, and phone number under the "Authorized Officer" heading.

The Authorized Officer 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, VP or AVP. The Authorized Officers may only authorize other Users and cannot sign his/her own GAF.

The Authorized Officer must click the check box if an electronic signature will be used.

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

Member Services Desk Federal Home Loan Bank of New York 101 Park Avenue, Floor 6 New York, NY 10178-0601 E-Mail: MSD@fhlbnv.com

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



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# **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.

	Select Access Type:  Member Access	☐ Third Party Acce	2000			
	_	Tilliu Faity Acce	,coo			
	Select User Type:					
	☐ New User	Update User	☐ Delete User			
		Update permissio				
		☐ Remove transacti	tion permissions			
	Customer Information		User Information			
SECTION 1	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:			
	City: State: Zip:  Customer #:  Additional Customer #'s (if applicable):		Must provide a manual or electronic signature			
			Print or Type, include: Mr., Mrs., or Ms  User Title:			
			E-Mail Address:			
			Telephone: Ext			
	Required for Third Party Access					
	Third Party Company Name:		Cell: Fax:			
	Third Party Company Address:		_			
	Should the <i>Member User</i> be identified as the institution's wire security contact?					
	☐ Yes, Primary Wire Security Contact		Not a Wire Security Contact			
	☐ Yes, Secondary Wire Security Contact	t	*One choice is required in this section			
		nformation Reporting Access ONLY (For those Users who do NOT require Transaction Authority)				
	e. Prior and Current Day Balances, Customized, and Special Reports					
N 2	Please select the appropriate option(s) below and proceed to Section 5 (do not complete Section 3 or 4).					
SECTION 2	Note: One or both options below may be selected					
SE		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.)					

Slok	oal Au	uthoriza	ation Form (GAF)	User Name	ə: <u> </u>	Customer#:	Page 2
1	rans	action	n Authority Level (Selec	ct either Optio	n 1 or Option 2.)		
	☐ Option 1: Standard Permissions						
SECTION 3	<b>Co</b> * 7 ** 7	• I • 7 • V • ( • # unters The Use	Transactions - User will ball services and execute Wires - User will have will be user will have per user will have per user will have In user will receive separate User IDs	pe able to perf transactions vere transactions ermissions to ermissions (CLP) Sput and Submeram (AHP) Syput and Submeram (AHP) Syput and Submeramsactions:	orm <u>all</u> FHLBNY tra ia application, telep al access to any der execute both Fed W execute Repetitive a system it permissions stem it permissions  Not Requi	mand accounts associated with the lires and Book Wires. and Non-Repetitive Wires.	ar value for at institution.
l.							
ľ	☐ 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.						
٧	Vire '	Transf	fer Permissions for Tel	ephonic and	1Link (includes Re	epetitive Templates)	
		□ A.	Perform All		Approve Only	Permissions should be granted	
		☐ B.	Create/Edit Only	□ υ.	No wire Transfer F	Permissions should be granted	
	User Dollar Limit: \$(If left blank, the FHLBNY established limits will be assigned to this User.)						
1	Advances and Commitments Permissions – Telephonic Only						
		□ A.	Perform All	☐ C.	Verify Only		
L		☐ B.	Initiate Only	☐ D.	No Advance and C	commitment Transaction Permission	ı 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.)						
			ne User is required to pro			ny bo apphoasio to transactione o	ntoroa on rema.)
4 NO	_ c	vernig	ht	☐ Do	llar Limit per Transa	ction: or	☐ FHLBNY Maximum
	] s	hort-Te	erm (2-11 Months)	☐ Do	llar Limit per Transa	ction: or	☐ FHLBNY Maximum
S	N	ote: If no	o "Dollar Limit per Transaction"	is selected the FH	ILBNY Maximum will be ι	used.	
_	Safekeeping Transaction Permissions (This grants the User permission to perform transactions and/or view custom safekeeping reports via the 1LinkSK System.)						
Ī	Α	. Per	Perform All Safekeeping Transactions* (includes Information Reporting) → Countersignature: ☐ None Required ☐ Required **  Information Reporting Permissions Only*				
	∃В	. Info					
	□с	C. No Safekeeping Transaction Permissions should be granted					
*	* Tw	o Users a		ry transactions. If t	his User is granted 1Link pe	evice to access the 1LinkSK system. rmissions (above) with an Authority Level of A, a gnature requirement.	and the Countersignature
Letter of Credit Permissions							
	_ A	. Perf	orm All		☐ B. No Lett	ers of Credit Transactions	

Gl	obal Authorization Form (GAF)		Customer#:	Page 3			
	Community Lending Programs (CLP) System						
IUED)	Select one only: ☐ Input Only ☐ Input and Submi	t 🗌 N	CLP permissions should be granted				
(CONTINUED)	<b>Note:</b> 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.						
) N 4	Affordable Housing Program (AHP) System						
SECTION 4	Select one only: ☐ Input and Submit ☐ No AHP permissions should be granted						
SE	Note: The "Input and Submit" permissions allow Users to enter and sub	omit AHP ap	plications and AHP supporting documentation to F	HLBNY.			
ECTION 5	Pursuant to the terms of the (a) Advances, Collateral Pledge at (HLB-104), (c) Wire Transfer Agreement (HLB-108), and (d) the may be amended from time to time, the Customer, by its undesignature of the User is of a person who is duly authorized by be recognized by the FHLBNY for the purpose of executing track User shall not have the authority to further delegate the power and agrees that (i) upon submitting to the FHLBNY, this GAF may only be made by submitting a new signed GAF to the FHI reasonable time to replace it with any new GAF submitted by the Authorized Officer to this GAF must have one (or more) of Board Secretary, President, CEO, CFO, COO, Treasurer, EVF and cannot sign his/her own GAF. The Authorized Officer may made by another Authorized Officer.	re Irrevoca rsigned du authorized ansactions s delegate will superso LBNY; and he custom	ble Letter of Credit Reimbursement Agreeme y Authorized Officers, hereby certifies that the senior management to act for and on behalf based on the permissions indicated on this Gd herein. The customer, by its Authorized Office any existing GAF for the same User; (ii) of (iii) the FHLBNY will rely on this GAF until it er.  In titles: Corporate Secretary, Assistant Corpor AVP. The Authorized Officer may only autilises.	ent (HLB-115), as the name and of customer and to GAF. This designated ficers, understands changes to this GAF has had a			
S	Authorized Officer						
	By: Date:  Print Name:  Title:  Authorized Officer		By checking this box, I agree that I swith an electronic signature. I intends signature to have the same force an manual signature.	d my electronic			
	Authorized Officer						

Telephone: \_\_\_\_\_ Ext: \_\_\_\_