



AFFILIATE QUESTIONNAIRE

DATE: _____

TO: Collateral Operations - Documentation
Federal Home Loan Bank of New York
70 Hudson Street, 7th Floor
Jersey City, NJ 07302
Fax: (201) 356-1985
Email: collateraldocs@fhlbny.com

FROM: _____

1. Please provide information on the Affiliate:

Name: _____

Address: _____

State of Incorporation: _____

Effective Date: _____

Is there an intercompany lending agreement between the /affiliate and _____?

YES NO

Is there an intermediary entity formed between the affiliate and _____?

YES NO

Name: _____

State of Incorporation: _____

Effective Date: _____ is a (check one):

Operating Subsidiary Lower Tier Subsidiary Affiliate (Lower Tier not Qualifying as Sub)

2. Affiliate is a (choose one business type)

Type of Business:

- Real Estate Investment Trust (also complete section 4)
- Subsidiary Depository Institution
- Registered Broker or Dealer (Functionally Regulated)
- Registered Investment Advisor (Functionally Regulated)
- Registered Investment Company (Functionally Regulated)
- Insurance Company or Agency (Functionally Regulated)
- Real Estate Development and Related Activities (Except Community Development-Related Investments)
- Management of Real Estate Owned and Other Repossessed Assets
- General Leasing
- Investments in a Small Business Investment Company
- Passive Investment Corporation
- Other, please specify: _____

3. Asset Composition of _____

Mortgage Assets

Dollar Amount

Transfer Date

One to Four Family

\$ _____

Multifamily

\$ _____

Commercial

\$ _____

Security Assets

Dollar Amount

Transfer Date

MBS _____

\$ _____

\$ _____

\$ _____

4. For Subsidiaries only:

Ownership % (as a whole number): _____

Affiliate Shares:

Common

Certificated

Uncertificated

Preferred

Other: _____

5. Please confirm intention to pledge:

Intend DO NOT intend ...to pledge affiliate assets to the Bank.

PRINT NAME: _____

PRINT TITLE: _____

TELEPHONE #: _____

SIGNATURE: _____