

****ADDENDUM****
(FOR DEPOSITORY INSTITUTIONS THAT IMAGE AND DESTROY
ORIGINAL PAPER COLLATERAL DOCUMENTATION)
TO
FEDERAL RESERVE BANK OF NEW YORK
BORROWER-IN-CUSTODY OF COLLATERAL CERTIFICATION

INSTITUTION NAME: _____ ABA#: _____

A. PLEASE ANSWER THE FOLLOWING QUESTIONS.
(ATTACH ADDITIONAL PAGES AS NECESSARY)

1. DESCRIBE HOW ORIGINAL PAPER DOCUMENTS ARE STORED PRIOR TO IMAGING.

- DESCRIBE THE PHYSICAL STORAGE FACILITY
- DESCRIBE HOW THE DOCUMENTS ARE PROTECTED FROM LOSS, FIRE, THEFT, AND OTHER DANGERS

2. DESCRIBE THE IMAGING PROCESS.

- DESCRIBE HOW DOCUMENTS ARE IMAGED (WHO, WHAT TECHNOLOGY, ETC).
- EXPLAIN IF, HOW AND HOW OFTEN THE ACCURACY AND COMPLETENESS OF THE IMAGING PROCESS IS TESTED.
- DESCRIBE ANY PROBLEMS THIS TESTING HAS UNCOVERED AND CORRECTIVE MEASURES, IF ANY, TAKEN.
- DESCRIBE HOW THE ABILITY TO ALTER OR DELETE IMAGED DOCUMENTS IS CONTROLLED AND HOW ANY SUCH ALTERATIONS OR DELETIONS ARE TRACKED.

3. DESCRIBE THE STORAGE OF AND ACCESS TO IMAGED DOCUMENTS.

- DESCRIBE HOW IMAGED DOCUMENTS CAN BE ACCESSED.
- DESCRIBE ANY CONTINGENCY ARRANGEMENTS FOR IMAGED DOCUMENT ACCESS.

4. DESCRIBE HOW THE ORIGINAL PAPER DOCUMENTS ARE DESTROYED

- EXPLAIN HOW THAT PROCESS IS MONITORED AND VERIFIED. FOR EXAMPLE, IS THERE A LOG OR ARE DESTRUCTION RECEIPTS GENERATED?

B. AUTHORIZATION

PLEASE HAVE THE APPROPRIATE OFFICIALS OF YOUR INSTITUTION REVIEW AND SIGN THIS FORM.

I have reviewed the above responses to the BIC Imaging Addendum and attest that the responses are accurate.

Authorized Signature*

Title

Date

Print Name

Authorized Signature*

Title

Date

Print Name

*Authorized individuals listed on the Borrowing Resolution (line 2) or the Official OC-10 Authorization List as a pledgor.

I certify that I am in receipt of, and have reviewed the Federal Reserve Bank of New York's BIC Imaging Guidelines. Further, I attest that all relevant internal policies and procedures have been reviewed and examined for BIC Imaging program conformance and confirm this institution to be in compliance.

Authorized Signature**

Title

Date

Print Name

** I am an ___ internal auditor ___ external auditor or ___ responsible director.

Send all documentation in one mailing to:

Federal Reserve Bank of New York
33 Liberty Street, 9th Floor
New York, NY 10045
Attention: Discount Window Staff

For more information, please call the Discount Window hotline at 1-866-226-5619.