

**BORROWER-IN-CUSTODY COLLATERAL WITHDRAWAL FORM**

**TO:** Federal Reserve Bank of New York  
 Discount Window Staff  
**Collateral Processing Team**  
**33 Liberty Street, 9<sup>th</sup> Floor**  
**New York, NY 10045**

Phone: 866-226-5619  
 Fax: 212-720-5686

**FROM:** \_\_\_\_\_  
 (Name of Depository Institution)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City, State, and Zip)

\_\_\_\_\_  
 (ABA#)

**The collateral described below is pledged to the Federal Reserve Bank of New York for: \_\_\_\_\_ Discount Window Collateral or \_\_\_\_\_ Special Direct Investment Collateral.**  
 Please indicate the Collateral Type, Number of Loans in BIC Pool, Average Weighted Interest Rate, Average Maturity Date, Par Amount, and Current Value of pledge in the section below.

Collateral Type	# of loans in BIC Pool	Par/Principal Amount	Current Value
___ Commercial Loans, Minimal Risk Rating	_____	\$ _____	\$ _____
___ Commercial Loans, Normal Risk Rating	_____	\$ _____	\$ _____
___ Commercial Real Estate Loans	_____	\$ _____	\$ _____
___ Construction Loans	_____	\$ _____	\$ _____
___ Noteless Loans, Minimal Risk Rating	_____	\$ _____	\$ _____
___ Noteless Loans, Normal Risk Rating	_____	\$ _____	\$ _____
___ 1-4 Family Mortgages	_____	\$ _____	\$ _____
___ Auto Loans	_____	\$ _____	\$ _____
___ EXIM Bank Guaranteed Loans	_____	\$ _____	\$ _____
___ Home Equity Lines of Credit	_____	\$ _____	\$ _____
___ Private Banking Loans	_____	\$ _____	\$ _____
___ Other (Specify)	_____	\$ _____	\$ _____

**Location of facility housing collateral (if different from mailing address above):**

Institution/Operations Center Name:  
 Street:  
 City, State Zip:

By: \_\_\_\_\_ (Authorized Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

By: \_\_\_\_\_ (Authorized Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

**Note: Adobe Writer is required in order to enter information into this document. Please contact the Discount Window if you prefer a Word version of this document.**