CMS REPORTS REQUEST FORM

Please fill out a separate form for each individual at your institution who is requesting reports.

epository institution name:				
ABA number:				
Recipient name:				
Recipient email address:				
Recipient phone number:				
Please check off which reports you would like to receive and the frequency at which you would like to receive the Statement of Collateral Holdings (all other reports are provided daily).				
		Frequency Selection		
eport	Receive?	Daily	Weekly (please indicate day of week)	Monthly (as of last business day of month)
atement of Collateral Holdings			Mon Tue Wed Thurs Fri	
mmary Transaction Listing				
otification of Collateral Revaluation		N/A (provided daily)		
otification of Maturing Collateral				
Format Choice (applies to all selected reports; select one format only) PDF Excel				
BA number: ecipient name: ecipient email address: ecipient phone number: ease check off which reports you would likell other reports are provided daily). eport enament of Collateral Holdings emmary Transaction Listing otification of Collateral Revaluation etification of Maturing Collateral	Receive?	Daily	Frequency Selection Weekly (please indicate day of week) Mon Tue Wed Thurs Fri N/A (provided daily)	Monthly (as of la

Note:

- 1) Please inform us **immediately** if any changes are required to any recipient's email address (e.g., termination due to personnel departure/move, or modification due to name change or new email domain).
- 2) Please inform recipients that after 21 days, any **unopened** emails will be "expired" by the FRSecure system and thus may no longer be available. Therefore, we would appreciate your prompt viewing of the emails and their contents.
- 3) Handwritten forms will <u>not</u> be accepted. Please contact the Discount Window at <u>discount.collateral@ny.frb.org</u> if you need a Word version of the form.

^{*} Completed forms must be emailed to <u>discount.collateral@ny.frb.org</u> using FRSecure (if your institution does not have mandatory TLS email encryption) by an individual who is an **Authorized Pledgor** on your institution's Official OC-10 Authorization List.

^{*} Refer to the following link for the most updated form: http://www.newyorkfed.org/banking/collateral_pledging.html