# New York State Department of Financial Services

# DIRECTOR'S AFFILIATIONS

Institution _____ Date _____ 20 ____

Name of Director _____ Originally Elected _____ 20 ____

Business _____ Term Expires _____ 20 ____

Please check which should be used as your mailing address.

( ) Business Address _____

( ) Home Address _____

Signature _____

**BUSINESS AFFILIATIONS INCLUDING CORPORATIONS OF WHICH YOU ARE AN OFFICER OR DIRECTOR OR WHICH YOU CONTROL THROUGH STOCK OWNERSHIP AND PARTNERSHIPS OF WHICH YOU ARE A MEMBER**

| NAME OF FIRM OR CORPORATION | BUSINESS OF FIRM OR CORPORATION | OFFICIAL POSITION IN FIRM OR CORPORATION | PERCENT OF INTEREST OWNED | REMARKS |
|---|---|---|---|---|
| | | | % | |
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