

THIRD-PARTY LENDING FOR FINANCIAL INSTITUTIONS

CORRESPONDENT LENDING | MINI-CORRESPONDENT | TPO BROKER

APPROVAL (CHECK ALL THAT APPLY)

Correspondent Lending:

Conventional	<input type="checkbox"/>	Non-Delegated	<input type="checkbox"/>	Delegated
FHA	<input type="checkbox"/>	Non-Delegated	<input type="checkbox"/>	Delegated
VA	<input type="checkbox"/>	Non-Delegated	<input type="checkbox"/>	Delegated
USDA	<input type="checkbox"/>	Non-Delegated	<input type="checkbox"/>	Delegated
Non-Agency	<input type="checkbox"/>	Non-Delegated	<input type="checkbox"/>	Delegated

Mini-Correspondent:

- Conventional
- FHA
- VA
- USDA
- Non-Agency

TPO Broker:

- Conventional
- FHA
- VA
- USDA
- Non-Agency

REQUIRED DOCUMENTATION - ALL CHANNELS

- Completed Third-Party Lending Application
- 2 Years FYE Audited Financial Statements and most recent quarter-end interim Financial Statements, or Call Reports
- Organization Chart
- Agency Approval Letters, if applicable
- Corporate Resolution for all authorized signers of the Company or Officer Certification (attached)
- Evidence of Fidelity Bond and Errors and Omissions Insurance
- IRS Form W-9
- Mortgage Loan Fraud Policy Statement (attached)
- Limited Power of Attorney (attached)

ADDITIONAL REQUIRED DOCUMENTATION - CORRESPONDENT/MINI-CORRESPONDENT CHANNELS

- Investor Scorecards, if applicable
- Quality Control Policies and Procedures
- Most recent post-closing quality control reports with management responses to any significant findings
- Correspondent Lending AIR and Appraisal Management Attestation (attached) or AIR Compliance Plan (Appraiser Independence Requirements) in accordance with FHFA guidelines
- Master Security Release (attached)
- TILA-RESPA Integrated Disclosures (TRID) Compliance Attestation and Certification (attached)
- MRN Web Agreement (attach). Correspondent only
- TPO Approval Policies and Procedures. Correspondent, Delegated only
- TPO Pre-funding and Post-closing QC Policies and Procedures. Correspondent, Delegated only

REQUIRED AGREEMENTS

- Correspondent Lending:** Correspondent Loan Purchase and Sale Agreement and Amendment (Non Agency), (attached)
- Mini-Correspondent:** Purchase and Sale Agreement (attached)
- TPO Broker:** Origination Services Agreement (attached)

COMPANY INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Incorporation Date: _____ Incorporation State: _____

Federal Tax ID: _____ Mers: _____ Company NMLS: _____

Primary Contact: _____ Primary Contact Phone: _____

Primary Contact Email: _____ Parent Company Name: _____

STATE/AGENCY LICENSING

Please indicate if licensed or approved by any of the following, and submit a copy of **Agency Approval Letters**.

- | | |
|---|---|
| <input type="checkbox"/> FHA/HUD #: _____ | <input type="checkbox"/> Fannie Mae #: _____ |
| <input type="checkbox"/> VA #: _____ | <input type="checkbox"/> Freddie Mac #: _____ |
| <input type="checkbox"/> USDA #: _____ | <input type="checkbox"/> GNMA #: _____ |

INSURANCE

TYPE	INSURANCE COMPANY	AGGREGATE AMOUNT	EXPIRATION DATE
Errors and Omissions	_____	_____	_____
Fidelity Bond	_____	_____	_____

CURRENT INVESTOR RELATIONSHIPS

Investor Name: _____ Monthly Volume (\$): _____

Relationship Since: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

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Relationship Since: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Investor Name: _____ Monthly Volume (\$): _____

Relationship Since: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Investor Name: _____ Monthly Volume (\$): _____

Relationship Since: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

AFFILIATED COMPANIES

Affiliated Companies include any separate business entity that is fully or partially owned by either the Company or the Company's Principal(s). Please provide the following information for all that apply (list if additional).

1) Affiliated Company Name: _____

Affiliated Company Address: _____

Brief Description of Business Activities: _____

Ownership Breakdown (include name and % ownership): _____

% Correspondents Production that runs through affiliate: _____

% Affiliate's business driven by Correspondent: _____

Does Originator share employees with affiliate? Yes No

Does Originator share office space with affiliate? Yes No

AFFILIATED COMPANIES (CONTINUED)

Does any employee of Correspondent have signing authority at the affiliated company? Yes No

If yes, Name: _____ Title: _____

Name: _____ Title: _____

Is the affiliate a title company? Yes No

If yes, Title Insurer: _____

Main Contact Name: _____ Phone: _____

Main Contact Email: _____

2) Affiliated Company Name: _____

Affiliated Company Address: _____

Brief Description of Business Activities: _____

Ownership Breakdown (include name and % ownership): _____

% Correspondents Production that runs through affiliate: _____

% Affiliate's business driven by Correspondent: _____

Does Originator share employees with affiliate? Yes No

Does Originator share office space with affiliate? Yes No

Does any employee of Correspondent have signing authority at the affiliated company? Yes No

If yes, Name: _____ Title: _____

Name: _____ Title: _____

Is the affiliate a title company? Yes No

If yes, Title Insurer: _____

Main Contact Name: _____ Phone: _____

Main Contact Email: _____

DISCLOSURES

1. Does your company comply with the capital and license requirements of each state and federal regulatory agency with jurisdiction over your lending practices? Yes No

2. Has your Company, and/or principals or corporate officers, partners, directors, managers, supervisors, loan processors, loan underwriters or loan originators had a real estate or other professional license suspended or revoked, or received any other disciplinary action from a regulatory agency? Yes No

If yes, please explain: _____

3. Has your Company been suspended from selling or servicing mortgages by an Investor? Yes No

If yes, please explain: _____

DISCLOSURES (CONTINUED)

4. Are you aware of Company officers and/or principals, corporate officers, partners, directors, managers, supervisors, loan processors, loan underwriters or loan originators or employees that are or have been on any agency, state or federal exclusionary list? Yes No

If yes, please explain: _____

5. Has your Company, and/or principals or corporate officers, been named as defendant in a lawsuit for alleged fraud or misrepresentation in connection with any real estate related activity? Yes No

If yes, please provide the following details surrounding any settled, open or pending litigation:

Litigation Explanation: _____

Plaintiff Name: _____

Date Opened: _____ Date Resolved: _____

Potential Correspondent Exposure Amount: \$ _____

Company Action Plan to Resolve: _____

6. Please provide details surrounding any settled, open, or pending Repurchases and/or Indemnifications within the past 24 months. Include: N/A

Investor Name: _____

Note Date: _____ Repurchase Amount: \$ _____

Repurchase Explanation (please include with respect to each loan):

7. Has your Company developed a compliance program in accordance with FinCEN's Anti-Money Laundering rules issued pursuant to the Bank Secrecy Act? Yes No

8. Is your company in compliance with all relevant Fannie, Freddie, and FHA quality control guidelines? Yes No

9. Has your Company developed a compliance program in accordance with the US Patriot Act? Yes No

10. Does your Company have procedures for checking all employees against the U.S. General Services Administration (GSA) Excluded Party List, Federal Housing Finance Agency (FHFA) Suspended Counterparty Program (SCP) and HUD Limited Denial of Participation List (LDP List)? Yes No

11. Is your Company in compliance with the CFPB's loan originator compensation rules? Yes No

12. Is your Company and/or any principals, corporate officers, partners, director, managers, supervisors, loan processors, loan underwriters, or loan originators in compliance of the provisions of the SAFE Mortgage Licensing Act regulations? Yes No

DISCLOSURES (CONTINUED)

13. Is your company in compliance with FNMA/FHLMC Appraiser Independence Requirements? Yes No
14. Has your Company taken steps to meet CFPB Title XIV Mortgage Rules (provisions under Dodd Frank Wall Street Reform and Consumer Protection Act) effective January, 2014? Yes No
15. Has your Company and/or principals or corporate officers been involved in any legal action that could affect the company's capacity to perform under the correspondent agreement? Yes No
16. Do you have formal Direct Endorsement underwriting authority with HUD? Yes No
- If yes, have you been FHA Direct Endorsement approved for at least one year and successfully insured at least 50 loans?* Yes No
- If no, are you still in test cases?* Yes No
- Please explain: _____
17. Do you participate in FHA's Lender Insurance Program? Yes No

CHANNEL SPECIFIC INFORMATION

CORRESPONDENT ONLY

Underwriting

Non-Delegated % _____ Delegated % _____

Do you use Contract Underwriting? Yes No

If yes, what % _____

Contract Underwriting Provider(s) _____

Secondary Marketing

EXECUTION TYPE	PERCENTAGE
Mandatory	_____ %
Best Efforts	_____ %
Other	_____ %

WAREHOUSE RELATIONSHIPS

Warehouse Lender: _____ Line Amount (\$): _____

Line Expiration: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Warehouse Lender: _____ Line Amount (\$): _____

Line Expiration: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Warehouse Lender: _____ Line Amount (\$): _____

Line Expiration: _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

CORRESPONDENT AND MINI-CORRESPONDENT

Appraisals ordered through: AMC Round Robin Process

UCDP SSR FNMA/FHLMC Documentation: Company Provided Merchants Provided

RESPA TRANSFER LETTER INFORMATION

In order to correctly identify the previous servicer on our Hello Letter, please provide your Servicer Information from your Goodbye Letter for borrower questions:

Servicer Name: _____ Servicer Phone: _____

Servicer Address: _____

City: _____ State: _____ Zip: _____

VENDORS

Loan Origination System: _____

Pricing Engine: _____

Document Provider: _____

Compliance Vendor: _____

Fraud Detection Vendor: _____

Hedge Advisor: _____

Sub-Servicer: _____

Law Firm Texas (a)(6) loans: _____

Fulfillment Provider: _____

Credit Provider: _____ Powered by (eg. CBC, Meridianlink): _____

CONTACT INFORMATION

	NAME	PHONE/FAX	EMAIL
Secondary Marketing Manager:	_____	_____	_____
Internal Warehouse Contact:	_____	_____	_____
Operations Manager:	_____	_____	_____
Underwriting/Credit Manager:	_____	_____	_____
Lock Desk Manager:	_____	_____	_____
Servicing Manager:	_____	_____	_____
Collateral Shipment:	_____	_____	_____
Pre-Purchase Review:	_____	_____	_____
Final Documents:	_____	_____	_____
Compliance Manager:	_____	_____	_____
Quality Control Manager:	_____	_____	_____
Government Insuring Manager:	_____	_____	_____

TPO BROKER

CONTACT INFORMATION

Loan Officers:

Name: _____ NMLS: _____

Phone: _____ Email: _____

Name: _____ NMLS: _____

Phone: _____ Email: _____

Name: _____ NMLS: _____

Phone: _____ Email: _____

Loan Assistants:

Name: _____ NMLS: _____

Phone: _____ Email: _____

Name: _____ NMLS: _____

Phone: _____ Email: _____

Name: _____ NMLS: _____

Phone: _____ Email: _____

Additional Access Requests:

Name: _____ NMLS: _____

Phone: _____ Email: _____

Name: _____ NMLS: _____

Phone: _____ Email: _____

Name: _____ NMLS: _____

Phone: _____ Email: _____

CERTIFICATION AND AUTHORIZATION

The undersigned certifies that the statement set forth herein and in any accompanying documents are true and factual to the undersigned's best knowledge. The undersigned hereby authorizes Merchants Bank of Indiana to obtain verification of the information it may deem necessary about the Applicant and its principals from any source including any investor, governmental agency or authority, credit bureau or reporting agency, MI company, Mortgage Asset Research Institute, Inc. (MARI) or any other person or entity.

Additionally, the undersigned and company ("We") represent and warrant that the information provided is complete and accurate in all respects. We understand that this application is made for the purpose of inducing Merchants Bank of Indiana to approve our request as a Correspondent Lender, Mini-Correspondent Lender, or Third-Party Originator and for a warehouse lending facility with Merchants Bank of Indiana. We authorize Merchants Bank of Indiana to make such investigation of our financial condition and the representations contained in the application. We understand that this application shall remain the confidential property of Merchants Bank of Indiana for all purposes. We agree to notify you immediately of any adverse change affecting the company.

The Federal Equal Credit Opportunity Act requires that all creditors, including Banks, Savings and Loans, small loan companies, retail stores and others, make credit equally available to all credit worthy customers without regard to sex, marital status, race, color, religion, national origin, age, the fact that all or part of the applicant's income is derived from a public assistance program, or the fact that this applicant has in good faith exercised any right under the Consumer Credit Protection Act or applicable state law.

Authorized Signature: _____ **Date:** _____

Name: _____ **Title:** _____