

NOTICE OF RIGHT TO CANCEL

Borrower(s): MARSHALL B. GOLDSTEIN

Mailing Address: 4719 MARLBORO RD, NORTH CHARLESTON, SC 29405

Security interest in property described as: 4719 Marlboro Rd
Charleston, SC 29405**YOUR RIGHT TO CANCEL**

You are entering into a transaction that will result in a mortgage/lien/security interest on/in your home. You have a legal right under federal law to cancel this transaction, without cost, within three business days from whichever of the following events occurs last:

- (1) the date of the transaction, which is
May 20, 2025; or
- (2) the date you received your Truth-In-Lending disclosures;
or
- (3) the date you received this notice of your right to cancel.

If you cancel the transaction, the mortgage/lien/security interest is also cancelled. Within 20 calendar days after we receive your notice, we must take the steps necessary to reflect the fact that the mortgage/lien/security interest on/in your home has been cancelled, and we must return to you any money or property you have given to us or to anyone else in connection with this transaction.

You may keep any money or property we have given you until we have done the things mentioned above, but you must then offer to return the money or property. If it is impractical or unfair for you to return the property, you must offer its reasonable value. You may offer to return the property at your home or at the location of the property. Money must be returned to the address below. If we do not take possession of the money or property within 20 calendar days of your offer, you may keep it without further obligation.

HOW TO CANCEL

If you decide to cancel this transaction, you may do so by notifying us in writing, at
PennyMac Loan Services, LLC
6101 Condor Dr, Suite 200
Moorpark, CA 93021
FAX: 805-426-8419

You may use any written statement that is signed and dated by you and states your intention to cancel, or you may use this notice by dating and signing below. Keep one copy of this notice because it contains important information about your rights.

If you cancel by mail or telegram, you must send the notice no later than midnight of **May 23, 2025** (or midnight of the third business day following the latest of the three events listed above.) If you send or deliver your written notice to cancel some other way, it must be delivered to the above address no later than that time.

I WISH TO CANCEL

DATE

Each of the borrowers in this transaction has the right to cancel. The exercise of this right by one borrower shall be effective as to all borrowers.

I/We acknowledge receipt of two copies of NOTICE OF RIGHT TO CANCEL.



MARSHALL B. GOLDSTEIN

5/20/25

DATE



USA PATRIOT ACT INFORMATION FORM
Customer Identification Verification

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies every customer. When applying for a loan, applicants will be asked for their name, address, date of birth, and other information that will allow lenders to identify them. Applicants may also be asked to show their driver's license or other identifying documents.

THE FOLLOWING CUSTOMER INFORMATION MUST BE OBTAINED TO BE IN COMPLIANCE WITH THE USA PATRIOT ACT. THIS INFORMATION MUST BE RETAINED FOR FIVE YEARS AFTER THE ACCOUNT IS CLOSED.

Borrower Name: MARSHALL B. GOLDSTEIN

Date of Birth: October 21, 1993

Residential Address: 4719 MARLBORO RD
NORTH CHARLESTON, SC 29405

Tax Identification Number (SSN): 082-82-9757

COMPLETE A SEPARATE FORM FOR EACH BORROWER.

FORMS OF IDENTIFICATION: Two forms of Verification are Required.

First Document List -	Country/State of Origin	ID Number	Issuance Date	Expiration Date
<input checked="" type="checkbox"/> State Issued Driver License	SC	10474362	11/15/17	10/27/27
<input type="checkbox"/> State Issued ID Card				
<input type="checkbox"/> Military ID Card				
<input type="checkbox"/> Passport				
<input type="checkbox"/> US Alien Registration Card				
<input type="checkbox"/> Canadian Driver License				

Second Document List -	Name of Issuer on Form	ID Number	Issuance Date	Expiration Date
<input type="checkbox"/> Social Security Card	U.S. Govt			
<input type="checkbox"/> Government Issued Visa				
<input type="checkbox"/> Non-US/Canadian Driver License				
<input type="checkbox"/> Most Recent Signed Tax Returns ¹	<input type="checkbox"/> Fed <input type="checkbox"/> State	TIN:		
<input type="checkbox"/> Property Tax Bill		APN:		
<input type="checkbox"/> Voter Registration Card				
<input type="checkbox"/> Organizational Membership Card				
<input type="checkbox"/> Bank/Investment/Loan Statements ¹				
<input type="checkbox"/> Paycheck stub with name ¹				
<input type="checkbox"/> Most Recent W-2 ¹				
<input type="checkbox"/> Home/car/renter insurance papers				
<input type="checkbox"/> Recent utility bill				

¹Do not verify identity with documents that illustrate income and/or assets if the documentation type for this loan precludes collection of such documentation.

Comments: _____

I certify that I have personally viewed and accurately recorded the information from the documents identified above, and have reasonably confirmed the identity of the Borrower.



Signature



Printed Name/Title

Date



AFFIDAVIT OF OCCUPANCY

STATE OF SOUTH CAROLINA }
 COUNTY OF Charleston } SS.
 4719 Marlboro Rd
 Charleston, SC 29405

Before me, the undersigned authority duly authorized to take acknowledgments and administer oaths personally appeared: MARSHALL B. GOLDSTEIN

("Affiants") who, upon being duly sworn, depose and say as follows:

1. Affiants hereby certify that, upon taking title to the real property described above, their occupancy status will be as follows:
 - [x] 1.1 **Primary Residence:** At least one borrower will occupy, establish, and use the Property identified above as my/our principal residence within 60 days after the execution of the Security Instrument and shall continue to occupy the Property as my/our principal residence for at least one year after the date of occupancy, unless Lender otherwise agrees in writing.
 - [] 1.2 **Second Home:** At least one borrower will occupy the property as a second home (vacation, etc) while maintaining a principal residence elsewhere.
 - [] 1.3 **Investment Property:** Not owner occupied. Purchased as an investment to be held or rented.
 - [x] 1.4 **REFINANCES ONLY 4719 Marlboro Rd, Charleston, SC 29405**
I/We the undersigned certify that the property referenced above is NOT currently listed for sale or under contract to be listed for sale.
- I/We the undersigned acquired the property on December 1, 2017.
- Affiants acknowledge that this Affidavit of Occupancy is given as a material inducement to cause: PennyMac Loan Services, LLC to make a mortgage loan to Affiants and that any false statements, misrepresentations or material omissions shall constitute a breach of the Affiant's obligation to: PennyMac Loan Services, LLC and that all the provisions of the mortgage indenture concerning default on the Promissory Note will thereupon be in full force and effect.
- Affiants further acknowledge that they have read and understand the following:
18 United States Code Section 1014:
 "Whoever knowingly makes any false statement or report,...for the purpose of influencing in any way the action of...any institution the accounts of which are insured by the Federal Deposit Insurance Corporation, any Federal home loan bank, the Federal Housing Finance Board, the Federal Deposit Insurance Corporation, the Farm Credit System Insurance Corporation, or the National Credit Union Administration Board,...upon any application,...or loan,...shall be fined not more than \$1,000,000 or imprisoned not more than 30 years or both."
- The agreements and covenants contained herein shall survive the closing of the mortgage loan transaction.

MARSHALL B. GOLDSTEIN

DATE



State of SOUTH CAROLINA
County of Charleston

Signed and sworn to (or affirmed) before me on 5/20/25 (date) by MARSHALL
B. GOLDSTEIN.

Mel A. Brooks
(Signature of Person Taking Acknowledgement)

Notary Public
(Title or Rank)

(Serial Number, if any)

Michael Aloysius Brooks
Notary Public, State of South Carolina
My Commission Expires 05/09/2029



FIRST PAYMENT LETTER

PennyMac Loan Services, LLC

LOAN NO.: 7019010549
DATE: May 20, 2025
BORROWER(S): MARSHALL B. GOLDSTEIN

ADDRESS: 4719 MARLBORO RD, NORTH CHARLESTON, SC 29405

We are pleased to have you as a mortgage loan customer. The following is a breakdown of your initial monthly payment:

Principal and Interest	\$ 1,453.48
Estimated Taxes	\$ _____
Hazard Insurance	\$ _____
Flood Insurance	\$ _____
Mortgage Insurance	\$ _____
City Property Tax	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL MONTHLY PAYMENT	\$ 1,453.48

Your first regular payment is due July 1, 2025.

Partial Payments:

- Your lender may accept partial payments you make and apply such payments to your loan.
- Your lender may hold partial payments in a separate account until you pay the remainder of the payment, and then apply the full periodic payment to your loan.
- Your lender will not accept any partial payments.

If this loan is sold, your new lender may have a different policy.

The outstanding principal balance at the time of this letter is \$163,000.00.

The current interest rate is 8.875 %.

Your loan DOES NOT have a prepayment penalty.

Housing Counselor Information: If you would like counseling or assistance, you can contact the following:

- U.S. Department of Housing and Urban Development (HUD): For a list of homeownership counselors or counseling organizations in your area, go to <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or call 800-569-4287.

For additional information regarding your loan please contact: PennyMac Loan Services, LLC

at (800) 777-4001.

We hereby acknowledge receiving a copy of this letter.

We are aware that the total monthly payment may be subject to change each year due to increases or decreases in annual taxes and/or insurance premiums and when applicable, adjustments in accordance with the adjustable rate mortgage provisions of the Note.



MARSHALL B. GOLDSTEIN

5/20/25

DATE



LOAN #: 7019010549

DATE _____ CHECK _____ CASH _____ AMT. _____	MORTGAGE ACCOUNT NO. 7019010549 MARSHALL B. GOLDSTEIN PennyMac Loan Services, LLC P.O. Box 30597 Los Angeles, CA 90030	PAYMENT DUE DATE 08/01/2025 AMOUNT DUE \$1,453.48	IF NOT RECEIVED BY 08/16/2025 a late fee of \$21.00 will be charged.
		USE FOR ADDL. AMOUNTS	
		PRINCIPAL	
		OTHER	
		ESCROW	
		TOTAL	

PROPERTY ADDRESS:

4719 Marlboro Rd, Charleston, SC 29405

COUPON MUST ACCOMPANY PAYMENT

DATE _____ CHECK _____ CASH _____ AMT. _____	MORTGAGE ACCOUNT NO. 7019010549 MARSHALL B. GOLDSTEIN PennyMac Loan Services, LLC P.O. Box 30597 Los Angeles, CA 90030	PAYMENT DUE DATE 07/01/2025 AMOUNT DUE \$1,453.48	IF NOT RECEIVED BY 07/16/2025 a late fee of \$21.00 will be charged.
		USE FOR ADDL. AMOUNTS	
		PRINCIPAL	
		OTHER	
		ESCROW	
		TOTAL	

PROPERTY ADDRESS:

4719 Marlboro Rd, Charleston, SC 29405

COUPON MUST ACCOMPANY PAYMENT



SIGNATURE/NAME AFFIDAVIT

RE:	LOAN NUMBER	PROPERTY ADDRESS
	7019010549	4719 Marlboro Rd, Charleston, SC 29405

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared, MARSHALL B. GOLDSTEIN

who, after being by me first duly sworn, upon oath does depose and say:

THAT, MARSHALL B. GOLDSTEIN
as the name is signed on the note and/or security instrument is one and the same person as;

as the name appears in various loan documents.

Marshall B. Goldstein

MARSHALL B. GOLDSTEIN

5/20/25

DATE

State of South Carolina
County of Charleston

Signed and sworn to (or affirmed) before me on this 5/20/25 (date) by MARSHALL B. GOLDSTEIN.

Michael Aloysius Brooks

(Signature of Person Taking Acknowledgement)

Notary Public

(Title or Rank)

(Serial Number, if any)

Michael Aloysius Brooks
Notary Public, State of South Carolina
My Commission Expires 05/09/2029



NOTICE OF FURNISHING NEGATIVE INFORMATION

Borrower(s) **MARSHALL B. GOLDSTEIN**

Date: **May 20, 2025**

Loan Number: **7019010549**

Property Address: **4719 Marlboro Rd
Charleston, SC 29405**

Lender: **PennyMac Loan Services, LLC**

In accordance with the implementation of the Fair and Accurate Credit Transactions Act of 2003, we are required to provide you the following statement as prescribed by Section 217:

WE MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT.

Marshall B. Goldstein
MARSHALL B. GOLDSTEIN

5/20/25
DATE

69 FR 33281, 12 CFR Part 1022 Model Notice B-1
ICE Mortgage Technology, Inc.
Lender NMLS ID#: 35953

GFACT 0823
GFACT (CLS)



COMPLIANCE AGREEMENT

Borrower(s): MARSHALL B. GOLDSTEIN

Date: May 20, 2025

Loan Number: 7019010549

Property Address: 4719 Marlboro Rd
Charleston, SC 29405

Lender: PennyMac Loan Services, LLC

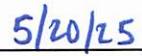
The undersigned borrower(s), for and in consideration of Lender disbursing loan proceeds for the purchase or refinancing of, or construction of improvements on the aforementioned property, agree(s), if requested by the Lender or someone acting on behalf of said Lender, to fully cooperate in adjusting for clerical errors, on any or all loan closing documentation deemed necessary or desirable in the reasonable discretion of Lender to enable Lender to sell, convey, seek guaranty or market said loan to any entity, including but not limited to, an investor, Fannie Mae (FNMA), Government National Mortgage Association (GNMA), Freddie Mac (FHLMC), Department of Housing and Urban Development, Department of Veterans Affairs or any municipal bonding authority.

The undersigned borrower(s) do hereby so agree and covenant as aforesaid in order to assure that the loan documentation executed this date will conform and be acceptable in the marketplace in the instance of transfer, sale or conveyance by Lender of its interest in and to said loan.

Dated effective this 20 day of May 2025.



MARSHALL B. GOLDSTEIN



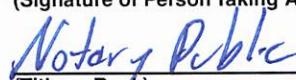
DATE

State of SOUTH CAROLINA
County of Charleston

The foregoing instrument was acknowledged before me this 5/20/29 (date)
by MARSHALL B. GOLDSTEIN.



(Signature of Person Taking Acknowledgement)



(Title or Rank)

(Serial Number, if any)

Michael Aloysius Brooks
Notary Public, State of South Carolina
My Commission Expires 05/09/2029



FLOOD HAZARD DETERMINATIONDate: **May 20, 2025**Borrower(s) Name(s): **MARSHALL B. GOLDSTEIN**Property Address: **4719 Marlboro Rd, Charleston, SC 29405**

Pursuant to federal regulations, the Lender has evaluated whether or not the improved real property or mobile home (the "Property") which will secure your loan is located in an area designated by the Federal Emergency Management Agency ("FEMA") as a "Special Flood Hazard Area." The Lender has determined that according to FEMA the Property is NOT located in a designated Special Flood Hazard Area. Therefore, flood insurance will NOT be required by the Lender as a condition of closing this loan transaction.

The National Flood Insurance Reform Act of 1994 provides that if the loan servicer at any time during the term of the loan determines that the Property is in a Special Flood Hazard Area the loan servicer must notify the borrower that flood insurance must be obtained. In these cases, the borrower has 45 days to respond and provide evidence of acceptable insurance to the loan servicer; if no response is made by the borrower, the loan servicer can force-place flood insurance after 45 days from the date of notification.

The undersigned Borrower(s) agree that flood insurance will be purchased if the Property is located in a Special Flood Hazard Area, and if flood insurance is available in the community. The undersigned Borrower(s) further agree that if the Property at any time is determined to be in a Special Flood Hazard Area, and if insurance is available, Borrower(s) will obtain and pay for such insurance in an amount as required by the Lender or loan servicer.



MARSHALL B. GOLDSTEIN



DATE



BORROWER'S CERTIFICATION & AUTHORIZATION**Certification**

The undersigned certify the following:

1. I/We have applied for a mortgage loan from **PennyMac Loan Services, LLC**

- ("Lender").
- In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
 2. I/We understand and agree that Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the Financial Institution.
 3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Lender. As part of the application process, Lender and the mortgage guaranty insurer (if any) may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Lender and to any investor to whom Lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. Lender or any investor that purchases the mortgage or the mortgage guaranty insurer (if any) may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Lender, the investor that purchased the mortgage, or the mortgage guaranty insurer (if any) is appreciated.
6. Mortgage guaranty insurer (if any):

VA, FHA and USDA Loans

This is notice to you as required by the Right to Financial Privacy Act of 1978 that:

- | | |
|------------|---|
| <u>N/A</u> | Department of Veterans Affairs (VA) |
| <u>N/A</u> | Department of Housing and Urban Development |
| <u>N/A</u> | Department of Agriculture (USDA) |

has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the agency indicated above without further notice or authorization, but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. You are authorizing such disclosure for a period of time not in excess of three months. Prior to the time that your financial records are disclosed, you may revoke this authorization at any time; however, your refusal to provide the information may cause your application to be delayed or rejected. If you believe that your financial records have been disclosed improperly, you may have legal rights under the Right to Financial Privacy Act of 1978 [12 USCS Sections 3401 et seq.].

Marshall B. Goldstein
MARSHALL B. GOLDSTEIN

5/20/25
DATE



EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is:

Federal Trade Commission
Consumer Response Center
600 Pennsylvania Avenue NW
Washington, DC 20580
877-382-4357

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered in determining your creditworthiness.

Marshall B. Goldstein
MARSHALL B. GOLDSTEIN

5/20/25
DATE



Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (<i>if joint return and transcripts are requested for both taxpayers</i>)		
i. First name Marshall	ii. Middle initial B	iii. Last name/BMF company name Goldstein	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (<i>see instructions</i>) 082-82-9757			2b. Spouse's taxpayer identification number (<i>if joint return and transcripts are requested for both taxpayers</i>)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (<i>including apt., room, or suite no.</i>), city, state, and ZIP code (<i>see instructions</i>)					
a. Street address (<i>including apt., room, or suite no.</i>) 4719 MARLBORO RD			b. City NORTH CHARLES	c. State SC	d. ZIP code 29405
4. Previous address shown on the last return filed if different from line 3 (<i>see instructions</i>)					
a. Street address (<i>including apt., room, or suite no.</i>)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Corelogic Credco			ii. IVES participant ID number 302617	iii. SOR mailbox ID CLGX4506T	
iv. Street address (<i>including apt., room, or suite no.</i>) 40 Pacifica #900			v. City Irvine	vi. State CA	vii. ZIP code 92618
5b. Customer file number (<i>if applicable</i>) (<i>see instructions</i>)			5c. Unique identifier (<i>if applicable</i>) (<i>see instructions</i>)		
5d. Client name, telephone number, and address (<i>this field cannot be blank or not applicable (NA)</i>)					
i. Client name PennyMac Loan Services, LLC				ii. Telephone number 818-224-7442	
iii. Street address (<i>including apt., room, or suite no.</i>) 3043 Townsgate Rd, Suite 200			iv. City Westlake Village	v. State CA	vi. ZIP code 91361
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (<i>see instructions</i>)					
6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts 1040					
a. Return Transcript <input checked="" type="checkbox"/>	b. Account Transcript <input type="checkbox"/>	c. Record of Account <input type="checkbox"/>			
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>					
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (<i>see instructions</i>) 12 / 31 / 2022 12 / 31 / 2023 12 / 31 / 2024 / /					

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (<i>see instructions</i>) <i>Marshall B. Goldstein</i>		Date 5/20/25	Phone number of taxpayer on line 1a or 2a 516-426-3118
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name MARSHALL B. GOLDSTEIN			
	Title (<i>if line 1a above is a corporation, partnership, estate, or trust</i>)			
	Spouse's signature (<i>required if listed on Line 2a</i>)		Date	
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S.

Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

Line 6c. Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.

CAUTION *You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.*

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

HAZARD INSURANCE AUTHORIZATION, REQUIREMENTS AND DISCLOSURE

Borrower(s): MARSHALL B. GOLDSTEIN

Date: 05/20/2025

Loan Number: 7019010549

Property Address: 4719 Marlboro Rd, Charleston, SC 29405

Lender: PennyMac Loan Services, LLC

Listed below are your Lender's policies and procedures and minimum requirements for Hazard Insurance which must be provided covering the subject property unless otherwise provided by applicable state law:

1. Coverage must equal the lesser of the following:
 - 100% of the insurable value of the improvements, as established by the property insurer, or
 - the unpaid principal balance of the loan, provided it equals no less than 80% of the replacement cost value of the improvements as of the current property insurance policy effective date. If it does not, then coverage that does provide the minimum required amount must be obtained.
2. The property insurance policy must provide for claims to be settled on a replacement cost basis. Property insurance policies that provide for claims to be settled on an actual cash value basis are not acceptable. Policies that limit, depreciate, reduce or otherwise settle losses at anything other than a replacement cost basis are also not acceptable.
3. The insurance company providing coverage must have a(n) "A" rating or better in the latest edition of "Best's Insurance Guide," must be licensed in the State in which the property described above is located, and must be licensed to transact the lines of insurance required in the transaction.
4. Policy shall provide at least "Broad Form" coverage on properties of one to four units, and at least "Vandalism & Malicious Mischief" on properties with over four units, with no deviation. Homeowners policies must provide coverage equal to "HO 2" form.
5. The maximum deductible must not exceed 5.000 % of the face amount of the insurance policy.
6. Policy must provide coverage for a term of at least One (1) Year(s). Premiums may be paid on an annual installment basis only if the policy provides that the Lender will be notified in writing of cancellation 30 days prior to expiration of coverage, for any cause. Binders are not acceptable, unless otherwise mandated by state law.
7. If any existing policy is provided which will expire within Two (2) Month(s) from the date of the recording of this loan, said policy must be renewed for the required term as noted in #6 above.
8. All forms and endorsements pertaining to the Lender's requirements must appear on the "Declaration Page" of the policy.
9. New policies must be accompanied by a signed "Broker of Record Authorization" if borrower(s) have changed Insurance Agents.
10. Verification of renewal of insurance policies must be in the Lender's office at least thirty days prior to the expiration date of the existing policy. If this requirement is not met, the LENDER OR ITS SUCCESSORS OR ASSIGNS MAY AT THEIR OPTION, BUT WITHOUT OBLIGATION TO DO SO, PROVIDE COVERAGE TO REPLACE ANY EXPIRING POLICIES WHICH HAVE NOT BEEN PROPERLY RENEWED. The premium for such coverage will be remitted promptly by the undersigned, or Lender may charge borrower's account for the cost thereof.
11. The policy must include a standard "mortgagee loss payee clause" (Lenders Loss Payable Endorsement form 438 BFU or equivalent) in favor of:
**PennyMac Loan Services, LLC, Its Successors And/Or Assigns
P.O. Box 6618
Springfield, OH 45501-6618**
12. Property address and insureds' names must be designated on the policy as on the ALTA Title Policy.
13. The Lender's loan number must appear on the policy and any subsequent endorsements.
14. Effective date of new policies, endorsements, and/or assignments shall be as of, or prior to, the date of recording this loan.



LOAN #: 7019010549

15. If the security property is a condominium, the master insurance policy must contain a minimum of \$1,000,000.00 coverage for "Directors & Officers" liability as well as "walls-in" coverage policy (commonly known as HO-6 policy). The policy must include replacement of improvements and betterment coverage to cover any improvements that you may have made to the unit. A copy of the master policy must be submitted to the Lender prior to funding.

AN ACCEPTABLE POLICY, WITH ENDORSEMENTS AND/OR ASSIGNMENTS, MUST BE FORWARDED TO AND RECEIVED BY LENDER BEFORE THIS LOAN CAN BE FUNDED: OTHERWISE, LENDER MAY BE FORCED TO PLACE INTERIM COVERAGE ON THE PROPERTY AT AN ADDITIONAL COST TO THE BORROWER(S).

Each of the undersigned acknowledges that he or she has read and understands the foregoing provisions and insurance requirements. This authorization will remain irrevocable for the undersigned as owner(s) of the subject property, and for any assignees, for as long as this loan remains on subject property.

Marshall B. Goldstein

MARSHALL B. GOLDSTEIN

5/20/25

DATE





FACTS

WHAT DOES PENNYMAC LOAN SERVICES, LLC DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number and employment information • Account balances and payment history • Transaction history and credit history
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons PennyMac Loan Services, LLC chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does PennyMac Loan Services, LLC share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To limit our sharing	<ul style="list-style-type: none"> • Call 866-601-3518 – our menu will prompt you through your choices or • Visit us online: PENNYMAC.COM/PRIVACY <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 45 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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Questions?	Call toll-free 866-601-3518 or go to PENNYMAC.COM/CONTACT-US
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What we do

How does PennyMac Loan Services, LLC protect my personal information?	To protect your personal information from unauthorized access and use, we maintain physical, electronic, and procedural safeguards that comply with state and federal law. These measures include computer safeguards and secured files and buildings.
How does PennyMac Loan Services, LLC collect my personal information?	We collect your personal information, for example, when you: <ul style="list-style-type: none"> • apply for a loan or provide your mortgage information • give us your contact information or give us your income information • provide account information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • <i>Our affiliates include companies with a PennyMac or Townsgate name.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • <i>PennyMac Loan Services, LLC does not share with nonaffiliates so they can market to you.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> • <i>Our joint marketing partners include mortgage companies, insurance companies, and companies that provide financial products and services.</i>

Other important information

California Residents: We will not share your information with nonaffiliated third parties for their marketing purposes except with your express consent. We will not share your personal information with affiliates or with other financial companies for joint marketing purposes if you ask us not to by using the opt-out form or instructions called "Important Privacy Choices for Consumers" provided with this notice.

Nevada Residents: This notice is provided to you pursuant to state law. You may be placed on our internal Do Not Call List by calling (866) 601-3518, sending a secure message through our website at PENNYMAC.COM, or writing to PennyMac Loan Services, LLC, Attn: Corporate Privacy, PO Box 788, Moorpark, CA 93020-9903. For more information, contact us at the address above. You may also contact the Nevada Attorney General's office: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: (702) 486-3132; email: aginfo@ag.nv.gov.

Vermont Residents: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at PENNYMAC.COM/PRIVACY or by calling (866) 601-3518.

Texas Residents: For questions or complaints about this loan, contact PennyMac Loan Services, LLC at 800-777-4001. The lender is licensed and examined under Texas law by the Office of Consumer Credit Commissioner (OCCC), a state agency. If a complaint or question cannot be resolved by contacting the lender, consumers can contact the OCCC to file a complaint or ask a general credit-related question. OCCC address: 2601 N. Lamar Blvd., Austin, Texas 78705. Phone: (800) 538-1579. Fax: (512) 936-7610. Website: occc.texas.gov. E-mail: consumer.complaints@occc.texas.gov.



W-9(Rev. March 2024)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**Go to www.irs.gov/FormW9 for instructions and the latest information.Give form to the
requester. Do not
send to the IRS.**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.Print or type.
See Specific Instructions on page 2.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) MARSHALL B. GOLDSTEIN	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions	
5 Address (number, street, and apt. or suite no.). See instructions. 4719 MARLBORO RD	
6 City, state, and ZIP code NORTH CHARLESTON, SC 29405	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
0 8 2 - 8 2 - 9 7 5 7
or
Employer identification number
- - - - - -

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *Marshall B. Goldstein*

Date **5/20/25****General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN),

or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
- Certify that you are not subject to backup withholding; or



3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What Is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "By signing the filled-out form" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line: **do not leave this line blank.** The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.



- **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.
- **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n)...	THEN check the box for...
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation; or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Notes: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1 – An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2 – The United States or any of its agencies or instrumentalities.

3 – A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

- 4 – A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5 – A corporation.
- 6 – A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7 – A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8 – A real estate investment trust.
- 9 – An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10 – A common trust fund operated by a bank under section 584(a).
- 11 – A financial institution as defined under section 581.
- 12 – A middleman known in the investment community as a nominee or custodian.
- 13 – A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for...	THEN the payment is exempt for...
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹See Form 1099-MISC, Miscellaneous Information, and its instructions.

²However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A – An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B – The United States or any of its agencies or instrumentalities.

C – A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D – A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E – A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F – A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G – A real estate investment trust.

H – A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I – A common trust fund as defined in section 584(a).

J – A bank as defined in section 581.

K – A broker.

L – A trust exempt from tax under section 664 or described in section 4947(a)(1).

M – A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.



Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a non-employee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program**

payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹
6. Sole proprietorship or disregarded entity owned by an individual	The actual owner ¹
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The owner ³
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: The grantor must also provide a Form W-9 to the trustee of the trust.

******For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.



Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.



BORROWER CONSENT TO THE USE OF TAX RETURN INFORMATION

Borrower(s): MARSHALL B. GOLDSTEIN

Date: May 20, 2025

Loan Number: 7019010549

Property Address: 4719 Marlboro Rd
Charleston, SC 29405

Lender: PennyMac Loan Services, LLC

I/We, MARSHALL B. GOLDSTEIN

understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws.

The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

ACKNOWLEDGEMENT

By signing below, you hereby acknowledge reading and understanding all of the information disclosed above, and receiving a copy of this disclosure on the date indicated below.


MARSHALL B. GOLDSTEIN

5/20/25

DATE

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ICE Mortgage Technology, Inc.
Lender NMLS ID#: 35953

L00000BCTAXRI 0520
GBCTAXRIJ (CLS)



Supplemental Consumer Information Form

The purpose of the Supplemental Consumer Information Form (SCIF) is to collect information on homeownership education and housing counseling and/or language preference to help lenders better understand the needs of borrowers during the home buying process.

Borrower Name (First, Middle, Last, Suffix) Marshall B. Goldstein

Homeownership Education and Housing Counseling

Homeownership education and housing counseling programs are offered by independent third parties to help the Borrower understand the rights and responsibilities of homeownership.

Has the Borrower(s) completed homeownership education (group or web-based classes) within the last 12 months?

NO YES

If YES: (1) **What format was it in:** (Check the most recent) Attended Workshop in Person Completed Web-Based Workshop

(2) **Who provided it:**

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide the name of the Housing Education Program: _____

(3) **Date of Completion** _____ mm/dd/yyyy

Has the Borrower(s) completed housing counseling (customized counselor-to-client services) within the last 12 months?

NO YES

If YES: (1) **What format was it in:** (Check the most recent) Face-to-Face Telephone Internet Hybrid

(2) **Who provided it:**

If a HUD-approved agency, provide Housing Counseling Agency ID # _____

For a list of HUD approved agencies go to: https://www.hud.gov/program_offices/housing/sfh/hcc

If not a HUD-approved agency, or unsure of HUD approval, provide name of the Housing Counseling Agency: _____

(3) **Date of Completion** _____ mm/dd/yyyy

Language Preference

Language Preference – Your loan transaction is likely to be conducted in English. This question requests information to see if communications are available to assist you in your preferred language. Please be aware that communications may NOT be available in your preferred language.

Optional – Mark the language you would prefer, if available:

English Chinese Korean Spanish Tagalog Vietnamese Other: _____
(中文) (한국어) (Español) (Tagalog) (Tiếng Việt) I do not wish to respond

Your answer will NOT negatively affect your mortgage application. Your answer does not mean the Lender or Other Loan Participants agree to communicate or provide documents in your preferred language. However, it may let them assist you or direct you to persons who can assist you.

Language assistance and resources may be available through housing counseling agencies approved by the U.S. Department of Housing and Urban Development. To find a housing counseling agency, contact one of the following Federal government agencies:

- U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or https://www.hud.gov/program_offices/housing/sfh/hcc.
- Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/find-a-housing-counselor.





Pennymac AutoPay Authorization for Closed End Second

Borrower(s): Marshall Goldstein

Date: May 19, 2025

Closed End Second Loan Number: 7019010549

Pennymac offers AutoPay as a convenience to borrowers to ensure your mortgage is paid on time.

- I acknowledge that I am currently enrolled in monthly Pennymac AutoPay on a Pennymac 1st lien mortgage (8198634697)
- I consent and authorize Pennymac to automatically enroll the Closed End Second mortgage loan (7019010549) in AutoPay.
- I acknowledge the Pennymac AutoPay established for the Closed End Second mortgage will be withdrawn from the same bank account as the AutoPay provided to Pennymac for the 1st lien mortgage loan (8198634697).
- I acknowledge the Pennymac AutoPay for the Closed End Second mortgage will draft on the same date as established on the 1st lien mortgage. If the 1st lien mortgage has a bi-weekly AutoPay schedule, the AutoPay draft for the Closed End Second mortgage will occur on the 1st draft date within the month (8198634697).
- I understand if the 1st lien mortgage has a bi-weekly AutoPay, Pennymac will only be able to establish a monthly AutoPay draft for the Closed End Second mortgage at the time Pennymac sets up your loan. You can contact the customer service department to set up your bi-weekly AutoPay once your new loan is active.
- I acknowledge the Pennymac AutoPay for the Closed End Second mortgage will be for the amount of my contractual payment.
- I consent to a Pennymac AutoPay account for the Closed End Second mortgage 7019010549

Click Box

Yes

No

A confirmation email and/or letter will be sent with the details of the AutoPay enrollment on the Closed End Second mortgage loan number (7019010549)



marshall Goldstein

BORROWER: Marshall Goldstein

5/20/25

DATE

CO-BORROWER:

DATE





AutoPay

One less thing to do, more time for you

AutoPay is a free, secure, and easy way for you to ensure your mortgage is paid on time, every time.

Enroll to have your mortgage payments withdrawn from your checking or savings account on the day of your choice every month. You can also add extra principal to your payment, if you'd like.

You're eligible to sign up as long as your loan is current. Not sure of your loan's status? You can opt in for text reminders in your account settings to be notified once you're eligible.

Your Benefits With AutoPay



Protect your credit



Save your precious time and assets



Enjoy peace of mind

Set your payments on cruise control

- Log in to your account at **PENNYMAC.COM/LOGIN**.
- Select Make a Payment from the menu on the left.
- Choose AutoPay.
- Pick your payment day (from the first to the sixteenth of the month).
- Enter your bank information.
- Click save, and you're done.

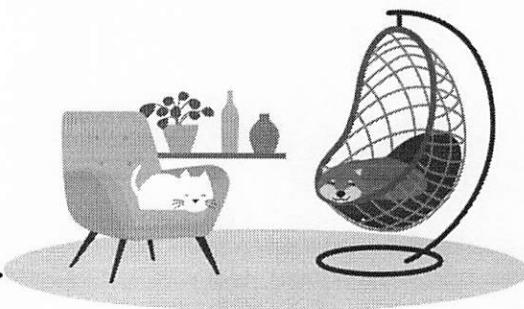
Any questions, or need help?

We're here for you.

Call 800.777.4001

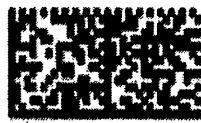
PENNYMAC.COM

Monday – Friday, 5 a.m. to 6 p.m. and Saturdays 7 a.m. to 11 a.m.





INI02062024



Loan Number: 7019010549

Date: 05/20/2025

Property Address: 4719 Marlboro Rd
Charleston, SC 29405

EXHIBIT "A"

LEGAL DESCRIPTION

ALL that lot, piece or parcel of land, with the buildings and improvements thereon, situate, lying and being in Charleston County, State aforesaid, and designated as Lot 20, Block K, on a plat bearing the legend: "Subdivision, Palmetto Gardens Project, Defense Homes Corporation, North Charleston, South Carolina", recorded in the RMC Office for Charleston County in Plat Book F. page 86, and having such metes, courses, distances, shape, buttings and boundings as are shown on said plat, to which reference is hereby made for a fuller description.

Being the same property as conveyed from HT Properties, LLC to Marshall B. Goldstein as set forth in Deed Book 683 Page 759 dated 12/01/2017, recorded 12/04/2017, CHARLESTON County, SOUTH CAROLINA.

A.P.N. # : 4700400027



ATTORNEY/INSURANCE PREFERENCE FORM

STATE OF SOUTH CAROLINA

Borrower(s): Marshall B. Goldstein

Date: May 19, 2025

Loan Number: 7019010549

Property Address: 4719 Marlboro Rd , Charleston, SC 29405

Lender/Broker: PennyMac Loan Services, LLC

Loan Originator: Joel Davis

License #: MLB - 2168312

License #: MLO - 1940875

NMLS #: 35953

NMLS #: 1940875

1. I have been informed by the lender that I have a right to select legal counsel to represent me in all matters of this transaction relating to the closing of the loan.

(a) I select CAROLINA ATTORNEY NETWORK, LLC

Attorney's Name



5/20/25

Borrower Marshall B. Goldstein

Date

Borrower

Date

- (b) Having been informed of this right, and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of acceptable attorneys. From that list I select

Not Applicable

Borrower Signature

Date

Not Applicable

Borrower Signature

Date



2. I have been informed by the mortgage broker/lender that I have a right to select a hazard insurance agent to furnish the required insurance in connection with this mortgage transaction.

(a) I select SAGESURE INS MANAGERS LLC

Agent's Name



Borrower Marshall B. Goldstein

5/20/25

Date

Borrower

Date

- (b) Having been informed of this right, and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of qualified agents. From that list I select

Not Applicable

Borrower Signature

Date

Not Applicable

Borrower Signature

Date

3. I have been informed by the mortgage broker/lender that I have a right to select a Flood insurance agent to furnish the required insurance in connection with this mortgage transaction.

(a) I select _____
Agent's Name



Borrower Marshall B. Goldstein

5/20/25

Date

Borrower

Date



(b) Having been informed of this right, and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of qualified agents. From that list I select

Not Applicable

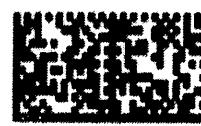
Borrower Signature

Date

Not Applicable

Borrower Signature

Date



ATTORNEY/INSURANCE PREFERENCE FORM

STATE OF SOUTH CAROLINA

Borrower(s):

Marshall B. Goldstein

Date: May 16, 2025

Loan Number: 7019010549

Property Address:

4719 Marlboro Rd , Charleston, SC 29405

Lender/Broker: PennyMac Loan Services, LLC

Loan Originator: Joel Davis

License #: MLB - 2168312

License #: MLO - 1940875

NMLS #: 35953

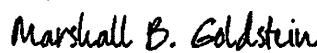
NMLS #: 1940875

1. I have been informed by the lender that I have a right to select legal counsel to represent me in all matters of this transaction relating to the closing of the loan.

(a) I select CAROLINA ATTORNEY NETWORK, LLC

Attorney's Name

Signed by:



D9D9445542234F2...

5/19/2025

Borrower Marshall B. Goldstein

Date

Borrower

Date

- (b) Having been informed of this right, and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of acceptable attorneys. From that list I select

Not Applicable

Borrower Signature

Date

Not Applicable

Borrower Signature

Date

Loan #: 7019010549

2. I have been informed by the mortgage broker/lender that I have a right to select a hazard insurance agent to furnish the required insurance in connection with this mortgage transaction.

(a) I select SAGESURE INS MANAGERS LLC

Agent's Name

Signed by:

Marshall B. Goldstein

D9D9446642234F2...

5/19/2025

Borrower Marshall B. Goldstein

Date

Borrower

Date

- (b) Having been informed of this right, and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of qualified agents. From that list I select

Not Applicable

Borrower Signature

Date

Not Applicable

Borrower Signature

Date

3. I have been informed by the mortgage broker/lender that I have a right to select a Flood insurance agent to furnish the required insurance in connection with this mortgage transaction.

(a) I select _____
Agent's Name

Borrower Marshall B. Goldstein _____ Date

Borrower _____ Date

- (b) Having been informed of this right, and having no preference, I asked for assistance from the mortgage broker/lender, and was referred to a list of qualified agents. From that list I select

Not Applicable _____
Borrower Signature _____ Date

Not Applicable _____
Borrower Signature _____ Date

Certificate Of Completion

Envelope Id: 10B0BDD2-EE93-4F82-9906-AFA9C898E07F

Status: Completed

Subject: Documents to Sign

Source Envelope:

Document Pages: 3

Signatures: 2

Envelope Originator:

Certificate Pages: 1

Initials: 0

Komal Dhingra

AutoNav: Enabled

6101 Condor Drive, Ste 200

EnvelopeD Stamping: Enabled

Moorpark, CA 93021

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

docusign_lender+8cff7da7-bff3-490f-840d-44d1d987

4838@blend.com

IP Address: 54.152.143.177

Record Tracking

Status: Original

Holder: Komal Dhingra

Location: DocuSign

5/16/2025 1:03:09 PM

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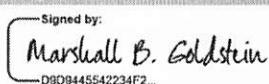
4d1d9874838@blend.com

Signer Events

Signature

Timestamp

Marshall B. Goldstein



Sent: 5/16/2025 1:03:41 PM

mbg02493@gmail.com

Viewed: 5/19/2025 11:31:46 AM

Security Level:

Signed: 5/19/2025 11:32:07 AM

Email

ID: dc2cb664-2a54-461b-b110-3f4bd94677b2

Signature Adoption: Pre-selected Style

5/19/2025 11:31:41 AM

Using IP Address: 73.131.87.222

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

5/16/2025 1:03:41 PM

Certified Delivered

Security Checked

5/19/2025 11:31:46 AM

Signing Complete

Security Checked

5/19/2025 11:32:07 AM

Completed

Security Checked

5/19/2025 11:32:07 AM

Payment Events

Status

Timestamps

**BORROWER WIRING INFORMATION / AUTHORIZATION
CASH OUT PROCEEDS FROM CLOSING ONLY**

IMPORTANT INFORMATION REGARDING LOAN PROCEEDS FROM YOUR CLOSING

Please complete the information below and provide to the agent at the closing.

Order # 247412

Borrower Name or Names: MARSHALL B. GOLDSTEIN

Borrower Wiring Instructions: **DEPOSITING YOUR LOAN PROCEEDS ONLY**

Account Type: Checking Savings Other _____

Bank Name: TD Bank Bank Phone #: 843 - 462-4542
Routing Transit #: 026013673

This may be different.

Bank Phone #: 843 - 402-4542

026013673

This may be different from your check. Please consult your lending institution.

Account #: 4272616091

Name or Names on Account: Marshall Goldstein

PLEASE NOTE: The names on this account must have all of the borrowers that are listed above. If not, a check will be sent to the address listed below in "Mail or Overnight Instructions".

Additional wiring information for CREDIT UNION, if necessary:

Bank Name: _____ **Bank Phone #:** _____

Routing Transit #: _____

This may be different from your check. Please consult your lending institution.

Account #:

Name or Names on Account:

PLEASE NOTE: The names on this account must have all of the borrowers that are listed above. If not, a check will be sent to the address listed below in "Mail or Overnight Instructions".

Mail or Overnight Instructions:

Address: 4719 Marlboro Rd, Charleston, SC 29405

If the address listed above needs to be changed, please legibly print the correct address below. Please remember that we cannot overnight to a P.O. Box address.

PLEASE NOTE: Mortgage Connect requires funds over the amount of \$5K to be wired. If you require your proceeds in the form of a check, please note that a signature will be required. Mortgage Connect will not be responsible for lost or stolen checks, nor delayed delivery due to carrier problems of any type. You will be required to cooperate fully with any investigation of lost, stolen or cashed checks and re-issuance of funds due to any issue may be delayed up to 120 days.

Street number and name:

City, State and Zip Code: