

Post Closing Information Form, page 1 of 1

MPF® Participating Financial Institution



Post Closing Information Form	
For Initial Shipment of Collateral File	
1. Applicant Institution's Complete Name	A
2. Applicant Mailing Address	B
3. Applicant Overnight Mailing Address	C
4. Are you a MERS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, ORG ID _____	D
Post Closing Department Head	
Name	
E-Mail Address	E
Direct Number	
Fax Number	
Post Closing Representative	
Name	F
E-Mail Address	
Direct Number	
Fax Number	
When completed, the MPF Representative will send a copy to Wells Fargo Bank, Program Custodian, to enable it to reach your key post closing staff whenever necessary.	

To complete this amendment follow the steps listed below:

- A. Insert PFI's name.
- B. Enter PFI's mailing address.
- C. If the overnight mailing address is different than the one above, enter it here.
- D. Select yes if the PFI is a MERS member, and enter its ORG ID. Otherwise select no.
- E. Enter the name of and contact information for the post closing department head.
- F. Enter the name and contact information for the post closing representative.

* This is a fillable form, most responses may be typed prior to printing.

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Post Closing Department Head
Name E-Mail Address Direct Number Fax Number
Post Closing Representative
Name E-Mail Address Direct Number Fax Number
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