


## Participating Financial Institution – Application, page 1 of 1

 <b>Participating Financial Institution - Application</b>	
<i>Please complete and sign below.</i>	
<b>I. General Information</b>	
Member's Full Legal Name:	Federal Tax ID #:
Address Line 1:	<b>A</b>
Address Line 2:	
City:	County:
State:	ZIP Code:
Phone:	FAX:
Is the Applicant's mailing address the same as the Applicant's Mortgage Business mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If address is different provide that address.	
Provide a list of States in which you do mortgage business.	
Applicant Institution Type: <input type="checkbox"/> State Bank <input type="checkbox"/> Federal CU <input type="checkbox"/> Insurance Co. <input type="checkbox"/> State Thrift <input type="checkbox"/> National Bank <input type="checkbox"/> Federal Thrift <input type="checkbox"/> State CU <input type="checkbox"/> Other (specify)	
Application Type: <input type="checkbox"/> Servicing Retained <input type="checkbox"/> Servicing Released <input type="checkbox"/> Servicing Only	
(Check all that apply) MPF Xtra <input type="checkbox"/> Original MPF <input type="checkbox"/> MPF 125 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RHS <input type="checkbox"/> Section 184 <input type="checkbox"/>	
Demand Deposit Account (DDA/CIF) #:	CIF #: FDIC/CU Charter #: FHFA #:
<b>II. Holding Company and Subsidiary / Affiliate Information</b>	
Does this institution have a Holding Company or any subsidiaries or affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the corporate legal structure/organizational chart indicating the Holding Company and/or subsidiary/affiliate relationship.	
<b>III. Applicant Statement Certification</b>	
Is your institution and/or any of its principal officers, directors, partners or owners of five percent or more interest the subject of any actions, claims, inquiries, investigations, suits or proceedings pending at law or in equity or before any government agency or is your institution the subject of any litigation, assessments or contingent liabilities not disclosed in your financial statements? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer to either preceding question is "Yes" please provide a complete description of the situation on an additional sheet of paper.	
If any of the above information is incorrect, please make the corrections in the appropriate places. The individual executing this document below represents that such person is duly authorized to sign this application on behalf of the applicant institution and hereby represents and warrants that (1) all information contained in this application and the supporting documentation is complete and accurate (see the attached list for supporting documentation required) and (2) the MPF Bank will be notified of any material changes in the information provided in this application during the time after submission of this application and prior to approval.	
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____
<b>Master Commitment Information</b>	
Estimated Master Commitment amount (multiples of \$5 millions) for a one year period and MPF Product choice:	
<input type="checkbox"/> Original MPF \$ _____ <input type="checkbox"/> MPF Government FHA/VA \$ _____ <input type="checkbox"/> MPF Government RHS \$ _____ <input type="checkbox"/> MPF Government Section 184 \$ _____ <input type="checkbox"/> MPF 125 \$ _____ <input type="checkbox"/> MPF 100 \$ _____ <input type="checkbox"/> MPF Plus \$ _____ <input type="checkbox"/> MPF Xtra \$ _____ <input type="checkbox"/> MPF Xtra Refi Plus \$ _____ <input type="checkbox"/> MPF Xtra Best Efforts \$ _____	
Indicate your Remittance choice. <input type="checkbox"/> Actual/Actual <input type="checkbox"/> Actual/Actual Single Remittance <input type="checkbox"/> Actual/Actual Multi Remittance	
(MPF Xtra requires Actual/Actual) <input type="checkbox"/> Scheduled/Scheduled <input type="checkbox"/> Schedule/Actual	
"MPF" is a registered trademark and the "MPF Mortgage Partnership Finance" logo is a trademark of the Federal Home Loan Bank of Chicago.	

**To complete the Participating Financial Institution-Application follow the steps listed below:**

- A. Insert the member's name, federal tax ID number, member's legal address, city, phone number, and facsimile number.
- B. Check "Yes" if mailing address is the same as the business address. Check "No" if mailing address and business address are different. Insert mailing address.
- C. Insert all states where the member closes loans (e.g. Texas, New York).
- D. Check the correct box that describes the member's financial institution type.
- E. Check the "Servicing Retained" if keeping servicing in-house. Check "Servicing Released" if selling MPF loan servicing rights to an approved servicing aggregator. Check "Servicing Only" if only servicing loans.
- F. Insert the member's number (DDA/CIF). Insert the member's FDIC/CU Charter number. Insert the member's FHFA number. If member does not have any of these numbers leave blank.
- G. Check "Yes" if the member is part of a holding company attach a copy of the corporate legal structure to this form. Check "No" if not part of a holding company. Insert the type of holding company in space provided.
- H. Check "Yes" if applicable. Include a description of the matters.
- I. Complete the signature block(s). The PFI's MPF Resolution will determine how many signers are required and who may sign. Type first and last name, title and date.
- J. Insert the amount of the master commitment (a rough estimate for each selected product). Select the appropriate product(s). Select the appropriate remittance(s).



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*Please complete and sign below.*

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If address is different provide that address. _____			
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Applicant Institution Type: <input type="checkbox"/> State Bank <input type="checkbox"/> Federal CU <input type="checkbox"/> Insurance Co. <input type="checkbox"/> State Thrift <input type="checkbox"/> National Bank <input type="checkbox"/> Federal Thrift <input type="checkbox"/> State CU <input type="checkbox"/> Other (specify) _____			
Application Type: Servicing Retained <input type="checkbox"/> Servicing Released <input type="checkbox"/> Servicing Only <input type="checkbox"/>			
(Check all that apply) MPF Xtra <input type="checkbox"/> Original MPF <input type="checkbox"/> MPF 125 <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> RHS <input type="checkbox"/> Section 184 <input type="checkbox"/>			
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FHFA #:			

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Does this institution have a Holding Company or any subsidiaries or affiliates? ☐ Yes ☐ No If yes, attach a copy of the corporate legal structure/organizational chart indicating the Holding Company and/or subsidiary/affiliate relationship.

### III. Applicant Statement Certification

Is your institution and/or any of its principal officers, directors, partners or owners of five percent or more interest the subject of any actions, claims, inquiries, investigations, suits or proceedings pending at law or in equity or before any government agency or is your institution the subject of any litigation, assessments or contingent liabilities not disclosed in your financial statements? Yes ☐ No ☐

If the answer to either preceding question is "Yes" please provide a complete description of the situation on an additional sheet of paper.

If any of the above information is incorrect, please make the corrections in the appropriate places. The individual executing this document below represents that such person is duly authorized to sign this application on behalf of the applicant institution and hereby represents and warrants that (1) all information contained in this application and the supporting documentation is complete and accurate (see the attached list for supporting documentation required) and (2) the MPF Bank will be notified of any material changes in the information provided in this application during the time after submission of this application and prior to approval.

Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

### Master Commitment Information

Estimated Master Commitment amount (multiples of \$5 millions) for a one year period and MPF Product choice:

<input type="checkbox"/> Original MPF \$ _____	<input type="checkbox"/> MPF Government FHA/VA \$ _____	<input type="checkbox"/> MPF Government RHS \$ _____
<input type="checkbox"/> MPF Government Section 184 \$ _____	<input type="checkbox"/> MPF 125 \$ _____	<input type="checkbox"/> MPF 100 \$ _____
<input type="checkbox"/> MPF Plus \$ _____	<input type="checkbox"/> MPF Xtra \$ _____	<input type="checkbox"/> MPF Xtra Refi Plus \$ _____
<input type="checkbox"/> MPF Xtra Best Efforts \$ _____		

Indicate your Remittance choice. ☐ Actual/Actual ☐ Actual/Actual Single Remittance ☐ Actual/Actual Multi Remittance  
(MPF Xtra requires Actual/Actual) ☐ Scheduled/Scheduled ☐ Schedule/Actual

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