



# Participating Financial Institution - Application

Please complete and sign below.

## I. General Information

Member's Full Legal Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

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:  Yes  No

If address is different provide that address. \_\_\_\_\_

Provide a list of States in which you do mortgage business. \_\_\_\_\_

Applicant Institution Type:  State Bank  Federal CU  Insurance Co.  State Thrift  
 National Bank  Federal Thrift  State CU  Other (specify) \_\_\_\_\_

Application Type: Servicing Retained  Servicing Released  Servicing Only

(Check all that apply) MPF Xtra  Original MPF  MPF 125  FHA  VA  RHS  Section 184

Demand Deposit Account (DDA/CIF) #: \_\_\_\_\_ CIF #: \_\_\_\_\_ FDIC/CU Charter #: \_\_\_\_\_ FHFA #: \_\_\_\_\_

## II. Holding Company and Subsidiary / Affiliate Information

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: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Master Commitment Information

Estimated Master Commitment amount (multiples of \$5 millions) for a one year period and MPF Product choice:  
 Original MPF \$ \_\_\_\_\_  MPF Government FHA/VA \$ \_\_\_\_\_  MPF Government RHS \$ \_\_\_\_\_  
 MPF Government Section 184 \$ \_\_\_\_\_  MPF 125 \$ \_\_\_\_\_  MPF 100 \$ \_\_\_\_\_  MPF Plus \$ \_\_\_\_\_  
 MPF Xtra \$ \_\_\_\_\_  MPF Xtra Refi Plus \$ \_\_\_\_\_  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

"MPF" is a registered trademark and the "MPF Mortgage Partnership Finance" logo is a trademark of the Federal Home Loan Bank of Chicago.