

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, please provide: _____

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: Please select the MPF product(s) of your choice and complete using the dropdown options.

MPF Traditional			
Product	Servicing Option	Servicer	MC Amount
<input type="checkbox"/> 125			
<input type="checkbox"/> Original			
<input type="checkbox"/> 35			

MPF Xtra			
Product	Servicing Option	Servicer	MC Amount
<input type="checkbox"/> Mandatory			
<input type="checkbox"/> Best Efforts			
<input type="checkbox"/> Refi/Refi Plus			

MPF Reserve			
Product	Servicing Option	Servicer	MC Amount
<input type="checkbox"/> MPF Reserve			

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: _____

