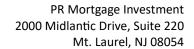


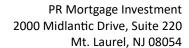
NEW CORRESPONDENT INTAKE FORM

	COMPA	NY INFORMATI	ON		
	DBA(s), as applicable:				
		City, State & Zip code:			
Entity Type:		Requested Delegation:			
	MERS Org ID:			mpany NMLS:	
	Formation Date			ebsite:	
Name:	Title:	_ Email:	Pho	one:	
	СОМР	ANY CONTACT	S		
Name:	Title:	Email:	Pho	one:	
	Title:				
	Title:				
	Title:				
	OWNERS	HIP INFORMAT	ION		
	Include any individual and/or o	company with 10% or mor	e ownership ii	nterest	
Name:	Title:	Ownership:%	DOB:	SSN/EIN:	
Name:	Title:	Ownership:%	DOB:	SSN/EIN:	
Name:	Title:	Ownership:%	DOB:	SSN/EIN:	
Name:					
	***To access additional O	wnership Addendum, plea	se click here*	**	
		TE LICENSING			
		a copy of current NMLS red	cord.		
	Federally Chartered or State C			() Federal	• •
Is your organization a s			() Yes	() No	
If yes, please i	identify the bank you are a su	ıbsidiary of: _			
	WAREHOL	JSE RELATIONS	SHIPS		
Entity Name:	Line Ar	nount:	Lin	e Expiration:	
Contact:	Dhana			nail:	
	To access additional Warehou	se Relationships Addendu	m, please click	k here	
	AFFILIA	TED COMPANI	ES		
* Affiliated Companies inclu	ide any separate business entity that Dire	is fully or partially ownea ector(s) or Officer(s).	by either the	Applicant or the Applican	t's Principal(s),
Have any affiliate relati	ionships been terminated in t	the past 12 months?		() Yes	s () No
	For any existing affiliates*, p	lease provide the fo	llowing info	ormation:	
Company Name:		Length/Tenure:			
Company Address:		City, State & Zip co			
Business activities:					





	Affi	liate Ownership breakdown:		
Nan	ne: C	Ownership: %	Affiliate Production:	%
Doe	s Applicant share employees with affiliate	?	() Ye.	s () No
Doe	s Applicant share office space with affiliat	e?	() Ye	s () No
Doe	s any employee of Applicant have signing	authority at the affiliated compa	ny? () Ye	s () No
If ye	s, provide Name(s) & Title(s):			
	*** If affiliate is	s a Title Company, complete the followin	g ***	
Title	Insurer:	Main Contact:		
Con	tact Phone:	Contact Email:		
	To access additional	l Affiliated Companies Addendum, please	click here	
	N	MARGIN HOLDBACK		
Woi	ıld you like to apply a Margin Holdback?		()	Yes () No
****	If yes, please indicate Margin Holdbo	ack tier:	()	()110
		AND FULFILLMENT SERV	/ICES	
	5253.1167			
Serv	vices included (no additional cost):	() Loan Documents		
Opt	ional Services (additional fees may apply)	: () HUD Balance with	Title () Post Closing-\	Work Prior
()	Order Wire: \$50 () Funding Auth:	: \$75 () Shipping-Upload:	\$75 to Purchase Con	ditions: \$50
		DISCLOSURES		
1.	Has your Company and/or principals or coprofessional license suspended, revoked from a regulatory agency? If yes, please elaborate:	·		s ()No
2.	Has your company been suspended from If yes, please elaborate:	selling or servicing mortgages by	an investor? () Ye	s () No
3. A	re you aware of any company officers or eagency, state or federal exclusionary list? If yes, please elaborate:		on any () Yo	es () No
4.	Has your company, and/or principals or clawsuit for alleged fraud or misrepresent activity, been involved in any criminal proof yes, please elaborate:	ation in connection with any rea	estate related	() No in
5.	Have any principals or corporate officers If yes, please elaborate:	ever been convicted of a crime?		() Yes () No



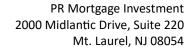


6.	Has your company and/or owners or corporate officers filed bankruptcy within the past 7-years? If yes, please elaborate:	() Yes	() No
7.	Has your company ever had material adverse findings included in any audit examination that was conducted by HUD, VA, FNMA, FHLMC, or any regulatory agency? If yes, please elaborate:	() Yes	() No
8.	Do you have processes in place to ensure compliance with any applicable federal, state and local high cost and anti-predatory lending statuses?	() Yes	() No
9.	Have there been any settled, open, pending repurchases and/or indemnifications within the past 24 months. <i>If yes, please provide:</i>	() Yes	() No
	Investor: Note Date: Repurchase Amo	unt:	
	Repurchase explanation:		
10.	Has your company developed a compliance program in accordance with FinCEN's Anti- Money Laundering rules issued pursuant to the Bank Secrecy Act?	() Yes	() No
11.	Do you check all employees who are involved in the origination of mortgage loans against the FHFA Suspended Counterparty Program List, General Services Administration Excluded Parties list and HUD Limited Denial Participation List? If no, please elaborate:	() Yes	() No
12.	Is your company in compliance with CFPB's loan originator compensation rules?	() Yes	() No
13.	Is your company in compliance with SAFE Act Regulations?	() Yes	() No
14.	$\label{thm:company} \mbox{Has your company developed a compliance program in accordance with the US\ Patriot\ Act?}$	() Yes	() No
15.	Is your company in compliance with FNMA/FHLMC Appraiser Independence Requirements?	() Yes	() No
16.	Has your company taken steps to meet CFPB Title XIV mortgage rules (provisions under Dodd Frank Wall Street Reform and Consumer Protection Act) effective January 2014?	() Yes	() No

CERTIFICATION & AUTHORIZATION

The undersigned certifies that the statement set forth herein and in any accompanying documents are true and factual to the undersigned's best knowledge. The undersigned hereby authorizes PR Mortgage Investment, or its affiliates or agents to obtain verification of the information it may deem necessary about the Applicant and its principals from any source including any investor, governmental agency or authority, credit bureau or reporting agency, MI company, Mortgage Asset Research Institute, Inc. (MARI) or any other person or entity including warehouse guarantors.

Additionally, the undersigned and company ("We") represent and warrant that the information provided is complete and accurate in all respects. We understand that this application is made for the purpose of inducing PR Mortgage Investment to approve our request for a correspondent relationship with PR Mortgage Investment. We authorize PR Mortgage Investment to make such investigation of our financial condition and the representations contained in the application. We understand that this application shall remain the confidential property of PR Mortgage Investment for all purposes. We agree to notify you immediately of any adverse change affecting the company.





The Federal Equal Credit Opportunity Act requires that all creditors, including Banks, Savings and Loans, small loan companies, retail stores and others, make credit equally available to all credit worthy customers without regard to sex, marital status, race, color, religion, national origin, age, the fact that all or part of the applicants income is derived from a public assistance program, or the fact that this applicant has in good faith exercised any right under the Consumer Credit Protection Act or applicable state law.

Authorized Officer Signature	Officer Name/Title	Date
Authorized Officer Signature	Officer Name/Title	Date