



MPF[®] Participating Financial Institution – Post Closing Information Form

FOR INITIAL SHIPMENT OF COLLATERAL FILE

1. Applicant Institution's Complete Name

2. Applicant Mailing Address

3. Applicant Overnight Mailing Address

4. Are you a MERS Member? Yes No
If yes, ORG ID _____

POST CLOSING DEPARTMENT HEAD

Name _____
E-Mail Address _____
Direct Number _____
Fax Number _____

POST CLOSING REPRESENTATIVE

Name _____
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.