



# 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"/> Government			

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

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

MPF Government MBS			
Product	Servicing Option	Servicer	MC Amount
<input type="checkbox"/> MBS Govt.			

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: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_