Change WHOLESALE
16845 Von Karman Avenue, Suite 200, Irvine, California 92606

Please complete the following three forms and submit them to BrokerApproval@ChangeWholesale.com

1. Branch Application Form
2. Mortgage Broker Compensation Request
3. Web Center Form

BRANCH APPLICATION

Company Information			
Legal Name of Entity :			
Doing Business As :			
Street Address (No P.O. Box) :			
City:		State:	ZIP Code:
Phone:	Fax:	Company E-mail:	
Federal ID No:		If no Federal ID #., Broker SSN:	
President / Owner:		Broker of Record:	
License/Approval			
Branch Name:			
Street Address (No P.O. Box) :			
City:		State:	ZIP Code:
Phone:	Fax:	Branch E-mail:	
Federal ID No:		If no Federal ID #., Broker SSN:	
Branch Manager:		SSN:	
Certifications			
The undersigned hereby agree to be the master broker agreement and incorporate this branch application as part of the original application and agreement.			

Signature Date

Broker (Company) of Record (Print)

Signature Date

Branch Manager (Print)

Signature Date

President / Owner (Print)

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MORTGAGE BROKER COMPENSATION REQUEST

Broker Company: _____

Broker of Record: _____

Effective Date: _____

Account Executive: _____

We hereby request that our Lender-Paid Compensation Agreement be CHANGED to reflect the following update:

LENDER - PAID COMPENSATION PERCENTAGE

CHANGE WHOLESALE LENDER PAID COMPENSATION %	SELECT PLAN	CHANGE WHOLESALE LENDER PAID COMPENSATION %	SELECT PLAN
Plan 1.00% - Compensation Percentage	☐	Plan 2.00% - Compensation Percentage	☐
Plan 1.125% - Compensation Percentage	☐	Plan 2.125% - Compensation Percentage	☐
Plan 1.25% - Compensation Percentage	☐	Plan 2.25% - Compensation Percentage	☐
Plan 1.375% - Compensation Percentage	☐	Plan 2.375% - Compensation Percentage	☐
Plan 1.50% - Compensation Percentage	☐	Plan 2.50% - Compensation Percentage	☐
Plan 1.625% - Compensation Percentage	☐	Plan 2.625% - Compensation Percentage	☐
Plan 1.75% - Compensation Percentage	☐	Plan 2.75% - Compensation Percentage	☐
Plan 1.875% - Compensation Percentage	☐		

By submitting this form, you are warranting and represent that:

1. You are authorized to make this compensation selection for the above-named Broker
2. Your company has an existing compensation plan that is compliant with all aspects of the Amendament of Section 226.36 of Regulation Z (the 'Rule'), including how all loan offices are required to receive compensation.

Broker Signature: _____ Date: _____

Printed Name: _____ Title: _____

WEB CENTER REQUEST FORM

BROKER CORPORATION/ SOLE PROPRIETOR NAME	
DBA	
ACCOUNT EXECUTIVE	

NAME	ROLE	NMLS ID	EMAIL ADDRESS	PHONE NUMBER
	☐ Admin			
	☐ Admin			