

BRANCH APPLICATION

Company Information					
Legal Name of Entity:		NMLS #:			
Doing Business As:					
Street Address (No P.O. Box):					
City:		State:		Zip Code:	
Phone:		Fax:		Company Email:	

Branch Information					
Branch Name:					
Branch Manager:		NMLS #:			
Street Address (No P.O. Box):					
City:		State:		Zip Code:	
Phone:		Fax:		Branch Email:	

Web Admin Information			
Admin Name:		NMLS #:	
Phone:		Email:	

Is this branch to be set up with the same Lender Paid Compensation as the company? Yes No

If no, please complete page 2.

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

Branch Manager (Print)

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 authorization 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 Amendment of Section 226.36 of Regulation Z (the 'Rule'), including how all loan offices are required to receive compensation.

Signature

Date

Printed Name

Title