

This application is effective for 2020 and must be completed on a yearly basis per our initial contract terms.

Company Name:	DBA Name: (if applicable):N		Name
of Parent Company (if applicable):			Type of
Business: ☐ Corporation ☐ ☐	Partnership	pprietorship	
Corporate Office Address:			
Phone:	Email:		
Tax ID:	Date Organized:	State Organized	l:
Year End Date:	Broker's License #:	Expiration Date	e:
Type of Institution: ☐ Broker	□ Banker □ Bank	☐ Credit Union ☐ Other	
MERS Org ID:		RS Available	
Universal Loan Identifier #:			
□Check here if you do not use a	ULI due to not reporting l	HMDA	
Application Contact Person:	Position:		
Phone:	Email:		
Principle Owners/Corporate Of	ficers		
Please complete this section ONL FSB. We do not pull credit, we p			
Name:	Position:	SSN:	
Home Address:	City, State, Zip:		
Ownership Interest %			
Name:	Position:	SSN:	
	City, State, Zip:		
Ownership Interest %			



Flanagan State Bank annually reviews its broker/correspondent lending relationships to ensure compliance with various regulatory and private investor entities. Please complete the following questionnaire and provide the required documentation where necessary.

1	•	
1. Is your company or any of a detailed response. ☐ Yes		y pending litigation? If so, please attach
<u> </u>	ompany or any of its principals been sease attach a detailed response. Y	sanctioned, reprimanded or suspended by ses \square No
3. Please list any state license	es that have been revoked, suspended of	or retired in the past year:
	of its employees been investigated or a attach a detailed response. Yes	·
5. Has your company been in please attach a detailed respon	vestigated or cited for any incidents in use. Yes No	avolving deceptive advertising? If so,
6. Do you use a third-party qu	uality control vendor? 🗆 Yes 🗖 No	o
If yes, who?		
7. Have any wholesale lenders	s terminated their relationship with yo	ur company for cause?
•	ease attach a brief explanation.	r. J
8. Please attach a copy of your return for the business.	our most recent P&L and Balance sl	neet along with the previous year's tax
9. Please complete and return	the attached "annual attestation"	
	Appraiser Roster Confirma	<u>tion</u>
If you are a correspondent cu	stomer, please provide your appraiser copy.	roster for our records. You may attach a
Appraiser	Company	Phone



By signing the acknowledgement below, you are certifying that you follow Home Valuation Code of Conduct regulations and Appraiser Independence requirements when ordering appraisals.

Recertification Acknowledgement

I hereby acknowledge and represent, to the best of my knowledge, that the above responses to Flanagan State Bank's Annual Re-certification are true. I hereby acknowledge and represent that, in support of the above affirmations, I have provided Flanagan State Bank with full and complete explanations when so directed. Finally, I hereby acknowledge and represent that I am authorized to complete this form on behalf of my/our company and/or its principals.

Signed:	Company:	
Ву:	Date:	
Title:		



MORTGAGE LOAN ORIGINATOR COMPENSATION RULES CERTIFICATION AND ANNUAL ATTESTATION

originators adopted by the	(company name) has implemented written policies and bliance with all aspects of the rules regarding compensation for mortgage loan Federal Reserve Board on August 16, 2010. I also certify that we will ensure that o the policies and procedures will be in compliance with the rules.		
Board rules. Any adverse,	st on an annual basis that we have complied with all aspects of the Federal Reserve negative or irregular findings from audits or examinations that indicate our rovision of the Federal Reserve Board's rules must be promptly provided to s prohibited by law.		
_	ase note that this page only applies to brokered loans. It will not apply to any a Correspondent loan. This will only apply to the Lender Paid Compensation rules and guidelines.		
Flat Fee Option : This option is not available through FSB as a Lender Paid choice. Flat Fee is available as a borrower paid compensation option.			
Underwriting Fee Waiver Ac	er Paid Compensation that is 2.25% or higher, FSB will require the broker to use the djustment to "buy out" the Underwriting Fee using the rate to allow the loan to pass the nis will be an automatic assumption and our Lock Desk will reject loans that do not e this adjustment.		
☐ Please check the box to ac	cknowledge this information and confirm compliance with the Underwriting Fee Waiver		
_	allow compensation to be set by state for brokers that are doing business in mplete for each state you are operating in:		
State	Lender Paid Compensation		
	\square 100 bps \square 150 bps \square 175 bps \square 200 bps \square 225 bps \square 250 bps \square 275 bps		
	\square 100 bps \square 150 bps \square 175 bps \square 200 bps \square 225 bps \square 250 bps \square 275 bps		
	\square 100 bps \square 150 bps \square 175 bps \square 200 bps \square 225 bps \square 250 bps \square 275 bps		
	\square 100 bps \square 150 bps \square 175 bps \square 200 bps \square 225 bps \square 250 bps \square 275 bps		
	\square 100 bps \square 150 bps \square 175 bps \square 200 bps \square 225 bps \square 250 bps \square 275 bps		
	□ 100 bps □ 150 bps □ 175 bps □ 200 bps □ 225 bps □ 250 bps □ 275 bps		
	□ 100 bps □ 150 bps □ 175 bps □ 200 bps □ 225 bps □ 250 bps □ 275 bps		
	□ 100 bps □ 150 bps □ 175 bps □ 200 bps □ 225 bps □ 250 bps □ 275 bps		
	□ 100 bps □ 150 bps □ 175 bps □ 200 bps □ 225 bps □ 250 bps □ 275 bps		
By (signature):			
Print Name:			
Title:	Company NMLS ID:		