

## Final CD and Closing Docs Request Form

| Submitting Broker Information                        |                   |                              |                 |                            |    |  |
|--|-------------------|------------------------------|-----------------|----------------------------|----|--|
| Broker Company:                                      |                   |                              |                 |                            |    |  |
| Broker Contact Name:                                 |                   | Broker Contact Phone Number: |                 |                            |    |  |
| Processor Name: P                                    |                   | Processor Email:             |                 |                            |    |  |
| LO Name:   | LO Email:         |                              | ıil:            |                            |    |  |
| Applicant Information                                |                   | Co-Applicant Information     |                 |                            |    |  |
| First Name: First Na                                 |                   | me:                          |                 |                            |    |  |
| Last Name:   | Last Name:        |                              |                 |                            |    |  |
| Loan Information                                     |                   |                              |                 |                            |    |  |
| Vesting (List all individuals that will be on title) |                   |                              |                 |                            |    |  |
| Name:  | me:               |                              |                 | Security #:                |    |  |
| Email:   |                   |                              | Decarity #.     |                            |    |  |
| Name:  | Social S          |                              |                 | Security #:                |    |  |
| Email:   |                   |                              |                 |                            |    |  |
| Final Vesting to Read as:                            |                   |                              |                 |                            |    |  |
|  |                   |                              |                 |                            |    |  |
| Other  |                   |                              |                 |                            |    |  |
| Requested Closing Date: First Payment D              |                   |                              | yment Da        | ite:                       |    |  |
| Doc Order Information                                |                   |                              |                 |                            |    |  |
| Broker Fees  |                   |                              | Impounds        |                            |    |  |
| Lender Paid (Comp. Amt): \$                          |                   |                              |                 | Impounds?                  |    |  |
| Borrower Paid (Orgin. Amt): \$                       |                   |                              |                 | Yes                        | No |  |
| Discount Fee: %\$                                    |                   |                              | HOI Premium: \$ |                            |    |  |
| Appraisal Fee: \$                                    | Credit Report: \$ |                              | HOI Due Date:   |                            |    |  |
| Paid by Broker?                                      | Paid by Broker?   |                              | HOI Paid:       |                            |    |  |
| Paid by Borrower?                                    | Paid by Borrower? |                              | Taxes are Paid: |                            |    |  |
| Reimburse?   | Reimburse?        |                              |                 | Annually                   |    |  |
| Processing Fee:                                      | Underwriting Fee: |                              |                 | Semi-Annually              |    |  |
| Financial Inspection Fee (if applicable): \$         |                   |                              | Quarterly       |                            |    |  |
| Other:   | \$                |                              |                 | Next Installment Due Date: |    |  |

| Important Contacts                  |                             |  |  |  |
|-------------------------------------|-----------------------------|--|--|--|
| Title Company / Settlement Agent    | Escrow                      |  |  |  |
| Company:                            | Company:                    |  |  |  |
| Address:                            | Address:                    |  |  |  |
| NMLS ID:                            | NMLS ID:                    |  |  |  |
| License #:                          | License #:                  |  |  |  |
| Contact:                            | Contact:                    |  |  |  |
| Contact NMLS ID:                    | Contact NMLS ID:            |  |  |  |
| Contact License ID:                 | Contact License ID:         |  |  |  |
| Email:                              | Email:                      |  |  |  |
| Phone Number:                       | Phone Number:               |  |  |  |
| Real Estate Broker (Buyer)          | Real Estate Broker (Seller) |  |  |  |
| Company:                            | Company:                    |  |  |  |
| Address:                            | Address:                    |  |  |  |
| NMLS ID:                            | NMLS ID:                    |  |  |  |
| License #:                          | License #:                  |  |  |  |
| Contact:                            | Contact:                    |  |  |  |
| Contact NMLS ID:                    | Contact NMLS ID:            |  |  |  |
| Contact License ID:                 | Contact License ID:         |  |  |  |
| Email:                              | Email:                      |  |  |  |
| Phone Number:                       | Phone Number:               |  |  |  |
| Checklist                           | (Required)                  |  |  |  |
| Complete Vesting                    |                             |  |  |  |
| Hazard Insurance                    |                             |  |  |  |
| 3 <sup>rd</sup> Party Invoices      |                             |  |  |  |
| Contact License Information for All | Parties                     |  |  |  |
| Title's Preliminary Fee Sheet       |                             |  |  |  |
| Acknowledgement:                    |                             |  |  |  |
| Name                                |                             |  |  |  |

Date

Signature