

## Final CD and Closing Docs Request Form

| Submitting Broker Information                        |                   |                              |                            |               |    |
|--|-------------------|------------------------------|----------------------------|---------------|----|
| Broker Company:                                      |                   |                              |                            |               |    |
| Broker Contact Name:                                 |                   | Broker Contact Phone Number: |                            |               |    |
| Processor Name:                                      |                   | Processor Email:             |                            |               |    |
| LO Name:   |                   | LO Email:                    |                            |               |    |
| Applicant Information                                |                   | Co-Applicant Information     |                            |               |    |
| irst Name: First Na                                  |                   | ime:                         |                            |               |    |
| Last Name: Last Name                                 |                   | me:                          |                            |               |    |
| Loan Information                                     |                   |                              |                            |               |    |
| Vesting (List all individuals that will be on title) |                   |                              |                            |               |    |
| Name:  | Social            |                              | Social S                   | Security #:   |    |
| Email:   |                   |                              | oociai o                   | Decurity #.   |    |
| Name:  | Casial C          |                              | Coourity #:                |               |    |
| Email: Social S                                      |                   |                              | becurity #.                |               |    |
| Final Vesting to Read as:                            |                   |                              |                            |               |    |
|  |                   |                              |                            |               |    |
|  | Oth               | ner                          |                            |               |    |
| Requested Closing Date: First Payment D              |                   |                              | yment Da                   | te:           |    |
| 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