



Encompass Doc Solution

Alt Lender Setup Form

*This form is used to request the set up of DBAs, TPOs or other Alternate Lenders. This is not used for adding investors where loans will be sold.

*For multiple Alt Lenders copy this sheet and fill a sheet per Alt Lender

| | | | |
|----------------|-----------------------------------|--|--|
| Client ID | 799588 | | |
| Lender Name | AMERICAN FINANCIAL RESOURCES, INC | | |
| Lender Contact | CHRIS KURUC | | |
| Phone Number | 973-585-3223 | | |

Alt Lender Setup Information

Affects all closing documents unless otherwise noted - Name should appear as it would on the legal documents

| | | | |
|-----------------------------|-------|-----|--|
| Alt Lender's Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |
| Toll-FreePhone Number | | | |
| Fax Number | | | |
| URL | | | |
| Type of business | | | |
| If Other please complete | | | |
| Organized under the laws of | | | |

Additional Data (all but the Tax ID No. can be entered in Encompass)

| | | | |
|-------------------|--|--|--|
| Tax ID no. | | | |
| FHA Originator ID | | | |
| FHA Sponsor ID | | | |
| VA ID | | | |
| MERS ID | | | |
| NMLS ID | | | |

Beneficiary Name/Address (If different from Alt Lender above)

Affects the following documents (not limited to): Note & Security Instrument

| | | | |
|-----------------------------|-------|-----|--|
| Beneficiary Name | | | |
| Address | | | |
| City | State | Zip | |
| Type of business | | | |
| If Other please complete | | | |
| Organized under the laws of | | | |

Loss Payee Name/Address (If different from Lender above)

Affects the following documents (not limited to): Escrow Instructions, Hazard Ins. Disclosure & Hazard Ins. Endorsement Letter

| | | | |
|------------------------------------|-------|-----|--|
| Loss Payee Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |
| Loss Payee Additional Information: | | | |
| Successors Clause | | | |
| Contact Name | | | |
| Contact Phone No. | | | |
| Contact FAX | | | |
| Contact Email | | | |

Branch Setup Information

| | | | |
|--------------|-------|-----|--|
| Branch Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |

| | | | |
|---|----------------|---------------------|--|
| Toll-Free Phone Number | | | |
| Fax Number | | | |
| URL | | | |
| Type of business | | | |
| If Other please complete | | | |
| Organized under the laws of | | | |
| Trustee | | | |
| <i>Affects the following documents (not limited to): Security Instrument - Deed of Trust</i> | | | |
| Dual Trustees? | | | |
| Trustee Same As another Party in Transaction? | | | |
| Trustee 1 Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |
| Type of business | | | |
| If Other please complete | | | |
| Organized under the laws of | | | |
| If Other please complete | | | |
| Trustee Same As another Party in Transaction? | | | |
| Trustee 2 Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |
| Type of business | | | |
| If Other please complete | | | |
| Organized under the laws of | | | |
| Record and Return Name/Address (If different from Alt Lender above) | | | |
| <i>Affects the following documents (not limited to): Closing Instructions & Security Instrument</i> | | | |
| Record & Return Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |
| Toll-Free Phone Number | | | |
| Documents Prepared By Name/Address (If different from Lender above) | | | |
| <i>Affects the following documents (not limited to): Security Instrument</i> | | | |
| Documents Prepared By Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | | |
| Toll-Free Phone Number | | | |
| Individual Name | | | |
| Notary Information | | | |
| <i>Affects the following documents (not limited to): Security Instrument</i> | | | |
| Notary Name | | | |
| Notary Title or Rank | | | |
| Address | | | |
| City | State | Zip | |
| Notary Commission Information | | | |
| Bond No. | State | County/Jurisdiction | |
| Expiration Date | Commission No. | | |
| 4506/4506T Third Party Information | | | |
| Third Party Name | | | |
| Address | | | |
| City | State | Zip | |

| | | | | | |
|--|-----|------------------------|----|-----|--|
| Type of business | | | | | |
| If Other please complete | | | | | |
| Type of business | | | | | |
| If Other please complete | | | | | |
| Organized under the laws of | | | | | |
| Note Information (If different from Alt Lender above) | | | | | |
| Pay To Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Type of business | | | | | |
| If Other please complete | | | | | |
| Type of business | | | | | |
| Additional Pay to Information | | | | | |
| Does your company utilize PrePayment Penalties | Yes | | No | | |
| Note Endorsement | Yes | | No | | |
| Print "Pay to the Order of" | Yes | | No | | |
| Print "Without Recourse" | Yes | | No | | |
| Print Lender Name | Yes | | No | | |
| Print Alt Lender Address after Alt Lender Name | Yes | | No | | |
| Print Alt Lender Organization Type | Yes | | No | | |
| Print Allonge to Note | Yes | | No | | |
| Print Alt Lender | Yes | | No | | |
| Address | | | | | |
| City | | State | | Zip | |
| Rescission Returned To Name/Address (If different from Alt Lender above) | | | | | |
| <i>Affects the following documents (not limited to): Right to Cancel documents</i> | | | | | |
| Rescission Notification Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Phone Number | | | | | |
| Additional Text: | | | | | |
| Fax # | | Email | | | |
| Alt Lender Payment Coupon (If different from Alt Lender above) | | | | | |
| <i>Affects the following documents (not limited to): First Payment Letter Payment Coupons</i> | | | | | |
| 1st Payment Coupon Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Additional Text: | | | | | |
| 2nd Payment Coupon Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Additional Text: | | | | | |
| Servicing Department Name/Address (If different from Alt Lender above) | | | | | |
| <i>Affects the following documents (not limited to): Notice of Assignment, Sale, or Transfer of Servicing Rights</i> | | | | | |
| Service Release Information | | | | | |
| Department | | | | | |
| Phone Number | | Toll-Free Phone Number | | | |
| Hours of Operation | | | | | |
| Days of Operation | | | | | |
| Address | | | | | |
| Alt Lender Servicing Information | | | | | |
| Alt Lender Servicing Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Type of business | | | | | |
| If Other please complete | | | | | |

| | | | | | |
|---|------|------------------------|------|-------|--|
| Organized under the laws of | | | | | |
| Department | | | | | |
| Phone Number | | Toll-Free Phone Number | | | |
| Hours of Operation | | | | | |
| Days of Operation | | | | | |
| Closing Instructions (If different from Alt Lender above) | | | | | |
| <i>Affects the following documents (not limited to): Closing Instructions</i> | | | | | |
| Title Policy/Settlement Agent Information | | | | | |
| Title Policy Type | ALTA | | TLTA | | |
| Print Investor Loss Payee | Yes | | No | | |
| Settlement Agent to use Alt Lender HUD-1 | Yes | | No | | |
| Closing Instruction Contact & Additional Info | | | | | |
| Executed Document Contact Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Documents to be Returned | | | | | |
| Documents to be Returned Hours | 24 | | 48 | Other | |
| Documents Expiration Date | | | | | |
| Closing Instruction Alt Lender Contact | | | | | |
| Closing Instruction Alt Lender Contact same as Party in Transaction? | | | | | |
| Company Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Closing Instruction Person to Contact same as Party in Transaction? | | | | | |
| Contact Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Phone Number | | Fax # | | Email | |
| Questions Concerning the Closing Instructions | | | | | |
| Closing Instruction Question Contact same as Party in Transaction? | | | | | |
| Company Name | | | | | |
| Closing Instruction Person to Contact for Questions same as Party in Transaction? | | | | | |
| Contact Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Phone Number | | Fax # | | Email | |
| Misc Documents | | | | | |
| <i>Affects the following documents (not limited to): Right to Copy of Appraisal & W-9</i> | | | | | |
| Right to Copy of Appraisal (if different from Alt Lender above) | | | | | |
| Appraisal Notification Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Phone Number | | # of Days to Respond | | | |
| Right to Copy of Appraisal (if different from Alt Lender above) | | | | | |
| Federal Classification Default | | | | | |