



GMFS, LLC Application
Referral Agent Approval

Use	A prospective agent uses this form to request approval to refer mortgages to GMFS, LLC and to enter into a referral agreement with GMFS LLC.
Copies	Original
Source	GMFS, LLC provides this form as part of our agent referral application package to a referral agent that requests such approval
Instructions	The Referral Agent should complete this application in full, attach all required accompanying documentation, have it signed by an authorized senior officer, and submit it with the Referral Agent addendum to GMFS LLC's home office to: GMFS, Attn: Tony Moore, 7389 Florida Boulevard, Suite 200A, Baton Rouge, LA 70806.
General Information	<p>The Referral Agent should attach the following general information regarding its operation:</p> <ol style="list-style-type: none">1. Copy of appropriate, applicable lending license, and evidence of fidelity bond and errors and omissions (E&O) coverage including amounts of each and their effective dates (only if Referral agent is not a regulated financial institution i.e. bank, savings and loan, credit union)2. Year-end financial statements for the past two years, certified by an independent public accountant, or the most recent annual report, or if the applicant is a state or federally supervised institution, it may provide a copy of the latest published financial statement submitted to its regulatory or insuring agency;3. Appropriate documentation, if any, pursuant to Question #13 of this application.
Indication of Approval	If GMFS LLC approves the application a copy of the fully executed Referral Agent Agreement will be forwarded to the Referral Agent for its permanent records.

I. General Information (Very Important – Must Be Complete)

1. Applicant Institution Name as it appears in the corporate or organizational documents and the State of Incorporation or organization (supply by attachment all other names under which you do business)

Institution Name: _____

Federal Tax ID Number: _____

State of Incorporation: _____

License Number(s) and State(s): _____ (attach list if necessary)

2. Applicant Home Office Address:

3. Applicant Mailing Address:

Applicant Phone Number: _____

Applicant Fax Number: _____

Primary Contact Email Address: _____

Rate Sheet Distribution Contact Name: _____

Rate Sheet Distribution Fax Number: _____

Rate Sheet Distribution email address: _____

4. Applicant Institution Type (check only those applicable)

- | | | |
|---|--|---|
| <input type="radio"/> Commercial Bank | <input type="radio"/> State Licensed Mortgage Lender | <input type="radio"/> Sub of Commercial Bank |
| <input type="radio"/> Corporation, LLC or Partnership | <input type="radio"/> Savings Bank/Stock | <input type="radio"/> Sub of Federal Savings & Loan |
| <input type="radio"/> Credit Union | <input type="radio"/> State Licensed Financial Institution | <input type="radio"/> Thrift |
| <input type="radio"/> Financial Service Company | <input type="radio"/> State Licensed Financial Service Co. | <input type="radio"/> Trade Association |
| <input type="radio"/> Savings Assoc. Mutual or Stock | <input type="radio"/> State Licensed Mortgage Broker | <input type="radio"/> Other (specify) |
| <input type="radio"/> Savings Bank | <input type="radio"/> State Licensed Mortgage Servicer | _____ |

If the applicant is not a regulated financial institution (i.e., bank, savings and loan, credit union...), a photocopy of the current appropriate lending license must accompany the Referral Agent application prior to GMFS LLC's processing of any referred loans.

Charter: State or Federal (check one)

5. Name of Parent Corporation (if applicable)

6. Are you an approved FHA lender? Yes No (Check one)

If "yes", your FHA Number is: _____

7. Are you an approved MERS Member? Yes No (Check one)

If "yes", your MERS organization number is _____

8. List the principal officers, their titles, and their primary areas of responsibility.

Contained in annual report? Yes No (Check one)

List attached

9. Provide a copy of your audited, consolidated financial statements for the last two years. If the audited statements are more than six months old, please provide copies of interim statements. Do not submit consolidated statements with other entities unless consolidating information is also provided

Attached

10. Please provide wiring instructions for loan referral proceeds:

Wire funds to: _____

Acct #: _____

Routing #: _____

Account Name: _____

Bank Location: _____

Contact Name: _____

11. Have any of your principal officers, directors, partners, or owners of a 5 percent or more interest ever been (attach additional sheets if necessary) any of the following?

A. Convicted of a crime or named in a pending criminal proceeding (excluding traffic violations or other minor offenses)? Yes No (check one)

If "yes" describe: _____

B. Subject to any order, judgment or decree enjoining the engagement of any activities in connection with any type of business transaction (including the purchase or sale of a security) or acting as (or associated or affiliated person of) an investment adviser, underwriter, broker, dealer, financial institution, or any other business?

Yes No (check one)

If "yes", describe: _____

C. Suspended, terminated, debarred, or denied approval by HUD, FNMA, Freddie Mac, GNMA, FHA/VA, or any mortgage insurance correspondent, warehouse correspondent, secondary market investor, conduit, or correspondent?

Yes No (check one)

If "yes", describe: _____

D. Made insolvent, or issued a general assignment for the benefit of creditors, declared bankrupt, suffered or permitted the appointment of a receiver for its business or assets, liquidated, or denied fidelity insurance coverage or mortgagee's errors and omissions insurance coverage?

Yes No (check one)

If "yes", describe: _____

12. Are there any actions, claims, inquiries, investigations, suits or proceedings pending, at law or in equity or before or by any government agency or court of state or federal jurisdiction, or, to the knowledge of your company, threatened against or affecting your company or any of its principal officers, directors, partners or owners of 5 percent or more interest which reasonably may be expected to result in any material adverse change in business, operations, assets or condition of your company?

Yes No (check one)

If "yes", describe: _____

13. Is your institution the subject of any material litigation, assessments, or contingent liabilities not disclosed in any manner (attach additional sheets if necessary)?

Yes No (check one)

If "yes", describe: _____

II. Statement of Certification

The undersigned entity hereby represents and warrants that: (1) all information contained in this Application for GMFS LLC Referral Agent is true, complete and accurate, and (2) GMFS LLC will be notified immediately of any material change at any time in the information provided in this Application during the time after submission of this Application and prior to and after approval. The undersigned entity understands that GMFS LLC will be relying upon the information contained in this Application and that any misrepresentation or omission may constitute a civil or criminal violation and may be cause for suspension or termination of the Referral Agent relationship with GMFS LLC.

The individual executing this document below represents that such person is duly authorized to sign this statement on behalf of the Applicant

Name: _____ Title: _____

Signature: _____ Date: _____

Company: _____

Social Security #: _____

Home Address: _____

FOR GMFS USE ONLY BELOW THIS LINE

GMFS Approving Officer: _____ Title: _____

Signature: _____ Date: _____