



first community mortgage



NON-DELEGATED CORRESPONDENT PROFILE

Contact Information:

Legal Name: _____

(All documents and security instruments must reflect the legal name above)

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different than physical address): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact for Purchase: _____ Email for Purchase: _____

MERS ORG ID/TPO#: _____ (Required to close in your name)

Do you use FCM's appraisal ordering portal? Yes No **If no, please attach your AIRS Policy.**

Are you a non-supervised full eagle with FHA? Yes No **FHA files will be closed in FCM's name. If yes, please attach your approval letter.**

FHA ID#: _____ Will you underwrite any FHA loans? Yes No

Trustee Information:

Trustee not required, only close in Mortgage States.

Trustee Name for Deed of Trust: _____

Trustee Address for Deed of Trust: _____

Shipping Instructions/Requirements:

Note to be mailed to: _____

Do you have any shipping special instructions/requirements that need to be noted on the closing instructions?

Note Endorsements:

Acknowledgement that original endorsed Notes must be provided to FCM for loan purchase.

Wire Instructions/ Bailee Information:

Are you a Self-Funding Bank or Credit Union? YES NO

Name of Warehouse Bank: _____

If Self-Funding, Bank Name/Credit Union Name: _____

Bank Street Address: _____

City: _____ State: _____ Zip Code: _____

Corporate Contact Name: _____

Corporate Email: _____

Phone: _____ Fax: _____



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Please attach the following required documents:

Executed Bailee Letter

Warehouse Bank Wiring Instructions or Self-Funding Bank/Credit Union Wiring Instructions

Please list any fees charged and retained by your company on a typical loan:

(Example: Admin Fee, Application Fee, In-house Processing Fee)

NAME OF FEE:	AMOUNT OF FEE:	NAME OF FEE:	AMOUNT OF FEE:

TIER 1 NON-DELEGATED CORRESPONDENT CLIENTS ONLY

If FCM will be drawing closing documents on your behalf you will be an approved **Tier 1** NDC client. Please acknowledge that all mortgage insurance fees will be paid by FCM and deducted from our purchase advice by initialing here _____.
You may skip the required questions for Tier 2.

Signature: _____

Date: _____

Print Name: _____

Title: _____

TIER 2 NON-DELEGATED CORRESPONDENT CLIENTS ONLY

If your company will be responsible for drawing closing documents, you will be an approved **Tier 2** NDC client with FCM, please complete the remainder of this form.

I understand my company will be responsible for all Closing functions. I will be contacted by FCM's Non-Delegated Correspondent team to discuss policies and procedures prior to drawing closing documents.

Number of years Non-Delegated Correspondent has been drawing docs: _____

Current Document Provider: _____

Contact name to receive clear to close: _____

Contact Email Address: _____ Secondary Email: _____

Paying Mortgage Insurance (FHA UFMIP/VAFF/RD GUARANTEE FEE/CONVENTIONAL PMI):

We have the capability, agree to pay all mortgage insurance in a timely manner and provide a paid receipt to FCM.

We do not have the capability and/or prefer to pay mortgage insurance fees and have them deducted from the purchase advice.

Signature: _____

Date: _____

Print Name: _____

Title: _____