

CORRESPONDENT LENDING APPLICATION



Delegation requested: Delegated Non-Delegated

Legal name of Company / Institution: _____

Address of main office: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Date of incorporation: _____ State of incorporation: _____

Federal Tax ID: _____ Fiscal year end: _____

Primary contact: _____ Title: _____ Phone: _____

Primary contact email: _____

Secondary contact: _____ Title: _____ Phone: _____

Secondary contact email: _____

Parent Company name and address (if applicable): _____

Accounting firm or tax preparer name and address: _____

Market area(s): _____

Number of employees: _____ Number of LO's: _____

(Attach a separate directory to include address, phone number and main contact for each branch)

Do you operate with net branches? Yes No

If yes, what percentage of volume comes from net branch? _____%

Form of ownership:	Organization type:
Corporation	BIF Insured Institution
Publicly Traded	Identification Number: _____
Privately Held	NSUSIF Insured Credit Union
Proprietorship	Charter Number: _____
Partnership	Mortgage Banker
Limited Partnership	Other: _____
Other: _____	

If a Corporation, complete the following:

President/CEO: _____ Phone: _____ Percentage of Ownership: _____%

CFO/Controller: _____ Phone: _____ Percentage of Ownership: _____%

Secondary Manager: _____ Phone: _____ Percentage of Ownership: _____%

Operations Manager: _____ Phone: _____ Percentage of Ownership: _____%

Loan Delivery Manager: _____ Phone: _____ Percentage of Ownership: _____%



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	Agency Approval	Mortgagee Number	Date Approved
FHA:	_____	_____	_____
VA:	_____	_____	_____
FNMA:	_____	_____	_____
FHLMC:	_____	_____	_____
GNMA:	_____	_____	_____

Current Investor Relationships

Provide reference and scorecards for investors that receive 25% or more of monthly loan volume.

Investor Name: _____
Address: _____
Phone: _____
Contact Name: _____
Length of Relationship: _____

Investor Name: _____
Address: _____
Phone: _____
Contact Name: _____
Length of Relationship: _____

Investor Name: _____
Address: _____
Phone: _____
Contact Name: _____
Length of Relationship: _____

Mortgage Insurance Reference:

Company Name: _____
Address: _____
Policy Number: _____
Contact Name: _____
Phone: _____

Company Name: _____
Address: _____
Policy Number: _____
Contact Name: _____
Phone: _____



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Origination Volume

YTD: _____
Conforming: _____
Government: _____
Jumbo: _____
Other: _____
Total: _____
Percentage of volume is retail originated: _____ %
Percentage of volume is wholesale originated: _____ %

2018 Origination Volume: _____
Conforming: _____
Government: _____
Jumbo: _____
Other: _____
Total: _____
Percentage of volume is retail originated: _____ %
Percentage of volume is wholesale originated: _____ %

2017 Origination Volume: _____
Conforming: _____
Government: _____
Jumbo: _____
Other: _____
Total: _____
Percentage of volume is retail originated: _____ %
Percentage of volume is wholesale originated: _____ %

2016 Origination Volume: _____
Conforming: _____
Government: _____
Jumbo: _____
Other: _____
Total: _____
Percentage of volume is retail originated: _____ %
Percentage of volume is wholesale originated: _____ %

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General Questions

Which best describes the product market?

Conforming

Government

Jumbo

Other: _____

Which best describes your market?

Purchase

Refinance

New Construction

Primary Residence

Second Home

Loan Origination System (LOS): _____

Which describes your LO Comp Plan?

Basis Points

Salary plus Commission

Pick a pay

Other: _____

Has FNMA, FHLMC, GNMA, or any other investor withdrawn or suspended your approval within the last five (5) years?

If yes, attach the details to submit with application.

Yes

No

Has an officer of your company been involved with a lawsuit related to the sale, servicing, or origination of mortgages in the last five (5) years? If yes, attach the details to submit with application.

Yes

No

Has the company been required to repurchase loans from FNMA/ FHLMC, or any other investor? If yes, attach a summary of repurchase details for the past three (3) years.

Yes

No

Has an audit performed within the last two (2) years by FNMA/ FHLMC, or any other investor, determined you to be out of compliance with their guidelines? If yes, attach a summary of what remedies were enacted.

Yes

No

Does the company have an appraisal management policy?

Yes

No

Which appraisal underwriting guidelines does the company follow?

FNMA

FHLMC

Internal Guidelines (attach policy to submit with application)

Does the company's quality control approval include an annual review of each appraiser/appraisal company that completes appraisals on behalf of the company?

Yes

No

Does the company utilize appraisers that are state licensed and/or certified as defined by FIRREA?

Yes

No

Which type of appraisers does the company use?

Staff appraisers

Fee Appraisers

MERS ID (if applicable): _____

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Contact Information

<u>Department</u>	<u>Name</u>	<u>Title</u>	<u>Phone</u>
Underwriting:	_____	_____	_____
Loan Delivery:	_____	_____	_____
Loan Purchase:	_____	_____	_____
Final Docs:	_____	_____	_____
Quality Control:	_____	_____	_____
Secondary Marketing:	_____	_____	_____

- Attach a separate list of LO's authorized to view pipeline and lock loans. Include name, title, phone and email address.
- Attach a separate list of operations staff authorized to view pipeline, to include purchase advice. Include name, title, phone and email address.

Warehouse Information

Attach copies of all wiring instructions for all warehouse lines to this application.

Warehouse Lender: _____
Address (city, state, zip): _____
Total Warehouse Line Available: \$ _____

Warehouse Lender: _____
Address (city, state, zip): _____
Total Warehouse Line Available: \$ _____

Warehouse Lender: _____
Address (city, state, zip): _____
Total Warehouse Line Available: \$ _____

Total Warehouse Line Capacity: \$ _____



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Resolution of the Board of Directors of _____
Name of Lender

RESOLVED, that any one or more of the following officers of this Corporation, of their successors in office, are hereby authorized and empowered in the name of and on behalf of this Corporation to execute any and all agreements, contracts, assignments, endorsements, and to issue any checks or drafts, reports, mortgage documents, and other papers in connection with matters, documents or information required or deemed necessary by Wintrust Mortgage, a division of Barrington Bank & Trust Company, N.A., a National Bank, its successors and assigns (hereinafter collectively called "Wintrust Mortgage") and to transact any and all such other business with Wintrust Mortgage as at any time may be deemed appropriate or advisable by such officer transacting the same:

_____	_____	_____
Name (Print)	Signature	Title

RESOLVED, that the Secretary of Assistant Secretary of this Corporation shall certify to Wintrust Mortgage, the names and signatures of those authorized to act by the foregoing resolution, and shall from time to time hereafter, as changes in the identify and of such persons takes place, immediately report and furnish such changes of name and signature to Wintrust Mortgage, and Wintrust Mortgage shall be fully protected in relying upon such certifications of any such officer and shall be indemnified and save harmless from any claims, demands, expenses, loss or damage resulting from or growing out of honoring the signature or request of any person so certified or for refusing to honor any signature or request of any person not so certified.

RESOLVED, that any other officer of employee of the Corporation may do all things necessary, convenient, or proper in connection with transacting business arising from matters authorized as described above.

RESOLVED, that the foregoing powers and authority shall continue in full force until written notice of revocations, in the form of a certificate signed by the Secretary of Assistant Secretary under the corporate seal of this Corporation, and has been given to Wintrust Mortgage and its receipt obtained therefore.

I, Secretary of _____ do hereby certify that the foregoing is a true and correct copy of resolutions duly adopted by action of the Board of Directors of this Corporation, effective as of the (type), that the same have not been subsequently rescinded or modified, and that the same constitute all the action (corporate or otherwise) required to authorize the transaction contemplated by such resolutions.

WITNESS my hand and seal of this Corporation, this _____
Date

(Corporate Seal)

Secretary: _____

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General Certifications

The undersigned certifies that:

- A. The applicant is duly organized, validly existing and properly licensed under the laws of its state of incorporation and is duly qualified and properly licensed under the laws of each state in which it originates loans, and has authority to enter into an agreement with Wintrust Mortgage.
- B. The applicant will act as an independent contractor and at no time may represent that it is acting as an agent for or on behalf of Wintrust Mortgage.
- C. Applicant has not had any material adverse findings with respect to Mortgage originations from a recent Financial Statement Audit, Uniform Single Audit Program Review, or examination by any regulatory agency.
- D. The undersigned declares that, to the best of their knowledge, the statements set forth herein are true. Wintrust Mortgage is hereby authorized to obtain verification from any source names herein to include a background check, but not to be limited to obtaining credit bureau reports. It is agreed that this Application for Seller Approval, when approved by Wintrust Mortgage, shall be attached to and becomes a part of the Mortgage Purchase Agreement with Wintrust Mortgage Corporation. Upon approval, Seller agrees to notify Wintrust Mortgage of any changes, including, but not limited to, consolidations, changes in name, location, control, management, and broker of record of ownership. Wintrust Mortgage reserves the right to perform an on-site inspection prior to the receipt of any new business from the Seller. Seller will be notified if an on-site inspection is a requirement for final approval.

Seller: _____

Date: _____

By (President)

By (Secretary)

Signature

Signature

This application alone does not legally bind a Seller to participate in the program but indicates intent.