



**CORRESPONDENT
APPLICATION**

Seller Information:

Legal Name of Company / Institution

Address of Main Office

City

State

Zip

Phone: () _____

Fax: () _____

Date of Incorporation: _____

State of Incorporation: _____

Federal Tax ID #: _____

Fiscal Year End: _____

Accounting Firm or Tax Preparer: _____

Address/City/State/Zip: _____

Primary Contact Person

Title

Phone Number

Secondary Contact Person

Title

Phone Number

Market Areas: _____

Number of Branches *: _____

Number of Employees: _____

- (Attached separates sheet with address, phone & fax numbers, and contact for each branch.)

Parent Company (if applicable): _____

Address of Main Office: _____

City

State

Zip

Form of Ownership:

- Corporation
 _____ Publicly Traded
 _____ Privately Held
- Proprietorship
- Partnership
- Limited Partnership
- Other: _____

Organization Type:

- BIF Insured Institution
 _____ Identification Number
- NSUSIF Insured Credit Union
 _____ Charter Number
- Mortgage Banker
- Other: _____

If A Corporation, Please Complete the Following Information:

President/CEO: _____ Phone: _____ % Ownership: _____
 CFO/Controller: _____ Phone: _____ % Ownership: _____
 Secondary Manager: _____ Phone: _____ % Ownership: _____
 Operations Manager: _____ Phone: _____ % Ownership: _____
 Shipping Manager: _____ Phone: _____ % Ownership: _____
 Other: _____ Phone: _____ % Ownership: _____

If A Partnership, Please Complete for Each Participant:

Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____
 Name: _____ Title: _____ Phone: _____

Agency Approvals:

<u>Agency:</u>	<u>Mortgagee Number</u>	<u>Date Approved</u>
FHA	_____	_____
FNMA	_____	_____
FHLMC	_____	_____
GNMA	_____	_____
VA	_____	_____

**** Has Your Company Been Audited by Any of the Agencies Above in the Last 12 Months _____ . If YES, Please Attach A Copy of the Most Recent Audit Report.**

Current Investor Relationships

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code/Telephone: _____ Fax: _____

Contact Person: _____ Length of Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code/Telephone: () _____ Fax: () _____

Contact Person: _____ Length of Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code/Telephone: () _____ Fax: () _____

Contact Person: _____ Length of Relationship: _____

Current Warehouse Banks

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code/Telephone: () _____ Fax: () _____

Contact Person: _____ Length of Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code/Telephone: () _____ Fax: () _____

Contact Person: _____ Length of Relationship: _____

Total Warehouse Line Capacity: \$ _____

Insurance Coverage (s)

	<u>Amount</u>	<u>Carrier / Expiration Date:</u>
Errors & Omissions:	\$ _____	_____
Fidelity - Blanket:	\$ _____	_____
Fidelity - Individual:	\$ _____	_____

Mortgage Insurance Company Reference (s)

Company: _____	Contact: _____
Address: _____	Telephone: _____
Company: _____	Contact: _____
Address: _____	Telephone: _____

Origination Volume

Origination Type	YTD Current Volume \$ (000's)	Prior Year Volume \$ (000's)
Conforming Fixed		
Non-Conforming Fixed		
Conforming ARM		
Non-Conforming ARM		
FHA / VA		
B/C/D Products		

What percentage of your volume is retail originated? _____

What percentage of your volume is wholesale originated? _____

Delinquency (Please provide delinquency ratios for the past 2 years):

19 _____	Conventional: _____ %	Government: _____ %
19 _____	Conventional: _____ %	Government: _____ %

Production and Product Needs (Indicate all that apply)

Which best described your firm's product market?

_____ Conventional Conforming _____ Conventional Non-Conforming _____ Government

What type of business do you think best describes your market?

_____ Primary _____ Purchase _____ New Construction _____ 2nd Home _____ Refinance

Are Closings prepared by: _____ Your Company _____ Document Preparation Company

If prepared by a Document Preparation Company, please indicate primary company used:

Please indicate primary computer system used by your company for the following:

Processing: _____ Closing: _____

Please answer YES or NO to the following questions. (If you answer YES, please provide a detailed explanation)

- | <u>YES</u> | <u>NO</u> | |
|------------|-----------|---|
| () | () | Has FNMA, FHLMC, GNMA, or any other investor withdrawn or suspended your approval within the past five years? |
| () | () | Has any officer within your company been involved in a lawsuit in relation to the sale, servicing, or origination or mortgages within the past five years? |
| () | () | Has your company been requested to repurchase any loans from FNMA, FHLMC, or any other investor? |
| () | () | Has any audit performed within the past two years by FNMA/FHLMC or any investor found you to be out of compliance with their guidelines? If so, what remedies were enacted? |

General Certification

- 1) My organization does does not have an approval management policy.
- 2) My organization utilizes the following appraisal underwriting guidelines:
 FNMA FHLMC Internal Guidelines (Please attach)
- 3) My organization's approval quality control includes an annual review of each appraiser/company completing appraisal for us: Yes No.
- 4) My organization utilizes appraisers who are state licensed and/or certified as defined by FIRREA:
 Yes No.
- 5) My organization utilizes: staff appraisers fee appraisers

Contacts:

<u>Department</u>	<u>Contact</u>	<u>Title</u>	<u>Telephone</u>
Underwriting	_____		
Shipping	_____		
Funding	_____		
Follow-up Doc's	_____		
Quality Control	_____		
Secondary Marketing	_____		
Management	_____		



Warehouse Lender: _____

City/State/Zip: _____

Contact: _____

Phone: () _____

For Credit To: _____

Account #: _____

ABA #: _____

Attention: _____

Total Warehouse Lines Available \$ _____

For Further Credit: _____

Account #: _____

Wiring Instructions: Wiring Instructions must be verified by Wintrust Mortgage prior to funds being wired to a warehouse lender. Include master Bailee Letter or sample Bailee Letter for Warehouse account. These accounts must be specific to real estate loan transactions only. If multiple warehouse lines are used, please provide instruction and Bailee Letters for all accounts. You may attach additional information, if necessary.

Resolution of the Board of Directors of

(Name of Corporation)

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, 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 _____ day of _____, 20____, 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 _____ day of _____, 20_____

(CORPORATE SEAL)

Secretary



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: _____
(Name of Institution)

Date: _____

By: _____, President

By: _____, Secretary

Signature

Signature

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

Verification of PMI Company Reference

Date: _____

To: _____

RE: Master Policy Number: _____

who address is: _____
has submitted a correspondent application with our company and has given your name as a reference.

We would appreciate your providing the information requested as indicated below. This information will be held in strict confidence and will be used only for the purpose of our application process. A postage-paid return envelope is enclosed for your convenience. If received by fax, please fax to: (630) 916-9611.

Sincerely,

Wintrust Mortgage

By: _____

Authorized Release:

Please release to Wintrust Mortgage the information requested below.

By: _____

Company Name: _____

Information Requested:

Master Policy: _____ YES _____ NO

Loan Quality: _____

Number of Foreclosure
claims: _____

Overall view: _____

Additional Comments: _____

How would you rate: _____ GOOD _____ FAIR _____ POOR

Name: _____ Dept/Title: _____

Date: _____



Legal Name of Company

Address

City State Zip

MERS Approved: YES NO

If yes, MIN #: _____

If no, have you applied for MERS approval: _____

Rev. 7/9/02