

- Application
 - Signed Warehouse Application
 - Authorization/ Release Form – Signed by officer of Company
 - Representation of Borrower/ Guarantor – One for each guarantor
 - Credit and Background Authorization, for each guarantor
 - Personal Financial Statements for each guarantor dated less than three months prior to the date of application
 - BSA/AML Compliance Attestation
 - IRS W-9
- Supporting documents
 - Past two years personal tax return for each guarantor
 - Description of Company background, including number of employees, offices, net branches, product focus, market focus, marketing, etc.
 - Fiscal year-end audited (Delegated Correspondent)/ unaudited (Mini-corr) corporate financial statements for past two years, and most recent interim financial statements, including copies of most recent bank statements.
 - Past two years Corporate tax return
 - Organization Chart and Resumes of Principals and key operating personnel
 - Description if any pending litigation or regulatory proceeding
 - Copy of AML/ BSA policy
 - Regulatory or Agency QC Audit findings, if applicable - include audit letters and responses for the past two years
 - Recent Investor/ Lender References and/ or report cards, if applicable
 - Current Loan level status reports for other warehouse lines, if applicable
 - Copy of current Warehouse or broker/dealer agreements, if applicable
 - Errors and Omissions coverage, complete policy
 - Fidelity Bond, complete policy
 - Copy of drivers license for each guarantor and any signor on Bank Account (please enlarge to make sure picture is legible)
 - Required Legal documents:
 - Corporation - Copy of the Articles of Incorporation and the By-Laws
 - LLC - Copy of Articles of Organization and Operating Agreement.

Please email the signed application with supporting items to your Relationship Manager or return to the address below:

**Coastal States Bank
Attn: Sales Support
9424 Baymeadows Road
Suite 140
Jacksonville, FL 32256**

Important Information about Procedures for Establishing a New Loan Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person or entity opening an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license, business license or other identifying documents.

Section 1 – Organization Information

Primary Contact: _____ Primary Contact E-Mail: _____

Amount Requested: _____

Legal Name: _____

DBA (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____ Website: _____

Organized Under Laws of the State of: _____ Organized/formed on what date: _____

Tax ID# : _____ - _____ Fiscal Year-End: _____ MERS Org ID: _____

Section 2 – Ownership *(attach separate sheet if necessary)*

Names of all Owners/ Principals	Ownership Percentage	Social Security Number	Date of Birth (MM/ DD/ YYYY)

Section 3 – Administrator

Department	Contact	Telephone	Email
Secondary Marketing			
Operations Manager			
Funding Manager			
Post Closing			
Underwriting			
Audit			

Section 4 – General Information

1. Number of Employees?	
2. Number of Loan Officers?	
3. Number of Branches?	
4. Has your company been originating loans for more than 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do you have documented policies and procedures for Quality Control?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Do you have a Quality Control Department?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Do you obtain insured Closing Letters on each mortgage transaction	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Do you use a document preparation company?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Do you have delegated underwriting with any Investor? If Yes, please provide the resume(s) of the underwriters and list of Investors.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 5 – Loan Origination

AL <input type="checkbox"/> _____ %	AR <input type="checkbox"/> _____ %	AZ <input type="checkbox"/> _____ %	CA <input type="checkbox"/> _____ %	CO <input type="checkbox"/> _____ %	CT <input type="checkbox"/> _____ %	DC <input type="checkbox"/> _____ %	DE <input type="checkbox"/> _____ %	FL <input type="checkbox"/> _____ %	GA <input type="checkbox"/> _____ %
HI <input type="checkbox"/> _____ %	IA <input type="checkbox"/> _____ %	ID <input type="checkbox"/> _____ %	IL <input type="checkbox"/> _____ %	IN <input type="checkbox"/> _____ %	KS <input type="checkbox"/> _____ %	KY <input type="checkbox"/> _____ %	LA <input type="checkbox"/> _____ %	MA <input type="checkbox"/> _____ %	MD <input type="checkbox"/> _____ %
ME <input type="checkbox"/> _____ %	MI <input type="checkbox"/> _____ %	MN <input type="checkbox"/> _____ %	MO <input type="checkbox"/> _____ %	MS <input type="checkbox"/> _____ %	MT <input type="checkbox"/> _____ %	NC <input type="checkbox"/> _____ %	ND <input type="checkbox"/> _____ %	NE <input type="checkbox"/> _____ %	NH <input type="checkbox"/> _____ %
NJ <input type="checkbox"/> _____ %	NM <input type="checkbox"/> _____ %	NV <input type="checkbox"/> _____ %	NY <input type="checkbox"/> _____ %	OH <input type="checkbox"/> _____ %	OK <input type="checkbox"/> _____ %	OR <input type="checkbox"/> _____ %	PA <input type="checkbox"/> _____ %	RI <input type="checkbox"/> _____ %	SC <input type="checkbox"/> _____ %
SD <input type="checkbox"/> _____ %	TN <input type="checkbox"/> _____ %	TX <input type="checkbox"/> _____ %	UT <input type="checkbox"/> _____ %	VA <input type="checkbox"/> _____ %	VT <input type="checkbox"/> _____ %	WA <input type="checkbox"/> _____ %	WV <input type="checkbox"/> _____ %	WI <input type="checkbox"/> _____ %	WY <input type="checkbox"/> _____ %

	Total Production (\$MM)	Conv.	Gov't	Non - Conf	Purch	Refi
2020	\$ _____	_____ %	_____ %	_____ %	_____ %	_____ %
2021	\$ _____	_____ %	_____ %	_____ %	_____ %	_____ %
2022	\$ _____	_____ %	_____ %	_____ %	_____ %	_____ %
2023 ytd	\$ _____	_____ %	_____ %	_____ %	_____ %	_____ %

Section 6 – Credit Questions

Has any Agency or Investor approval ever been cancelled or suspended for any reason?	YES NO (if yes, attach an explanation)
Has your company ever received a request to repurchase a loan from, or indemnify any investors or agency in the past 2 years?	YES NO (if yes, attach an explanation)
How many loans have your company repurchased in the past 2 years? Provide loan level detail, including reason, for each repurchase.	YES NO (if yes, attach an explanation)
Has your company ever been investigated by HUD, VA, FNMA or FHLMC?	YES NO (if yes, attach an explanation)
Has your company ever been suspended by HUD, VA, FNMA or FHLMC?	YES NO (if yes, attach an explanation)
Has your company's approval or good standing with HUD, VA, FNMA, FHLMC or any private investor, private mortgage insurance company or federally insured financial institution been suspended or withdrawn in the past five years?	YES NO (if yes, attach an explanation)
Has your company ever received any notice of default from a warehouse lender and/or has company failed to comply with any term or condition of a warehouse agreement?	YES NO (if yes, attach an explanation)
Has a warehouse lender ever denied you or your company an advance, reduced the line of credit, canceled the line or accelerated the balance owed under a warehouse line agreement?	YES NO (if yes, attach an explanation)
Has the company or any of its officers been subject of any fine, investigations, actions, including, without limitation, license revocation, by any municipal, state or federal regulatory agency?	YES NO (if yes, attach an explanation)
Has a prospective or current lender ever denied or declined your company's application for credit?	YES NO (if yes, attach an explanation)
Has any investor, agency or regulator, within the past 5 years, found the company to be out of compliance with applicable regulations or guidelines? Please detail any adverse findings.	YES NO (if yes, attach an explanation)
Has your owner, partner, officer, director, employee or loan officer been affiliated with any company/business that was suspended by FHA, VA, FNMA or FHLMC or any regulatory, supervisory or investigating agency?	YES NO (if yes, attach an explanation)
Has any owner, partner, officer, director, employee or loan officer of your company ever been found guilty of a criminal offense?	YES NO (if yes, attach an explanation)
Has any owner, partner, shareholder, officer, director, employee or loan officer of your company ever been sanctioned or disciplined by any licensing or regulatory authority?	YES NO (if yes, attach an explanation)
Are any of your officers or employees excluded from Fidelity Bond or E&O insurance coverage?	YES NO (if yes, attach an explanation)
Is there any pending litigation involving the company or any of its owners, partners, shareholders, director, officers, employees or loan officers?	YES NO (if yes, attach an explanation)
Have you or any principal of the company ever been party to a bankruptcy?	YES NO (if yes, attach an explanation)
Do you perform criminal background checks on your employees?	YES NO (if no, attach an explanation)

Section 7 – Affiliated Business

<p>1. Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any other mortgage company? (Example; mortgage bank, mortgage broker)?</p> <p>If yes, please provide details – including name of the company and ownership details:</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2. Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest, directly or indirectly, in any Title Insurance Agency or Title Insurance Company?</p> <p>If yes, please provide details – including name of the company and ownership details:</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>3. Do any of the owners, partners, shareholders, directors, officers, employees or loan officers, employees or loan officers have any ownership interest, directly or indirectly, in any Real Estate Company?</p> <p>If yes, please provide details – including name of the company and ownership details:</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4. Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest directly or indirectly, in any Appraisal Company?</p> <p>If yes, please provide details – including name of the company and ownership details:</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5. Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest directly or indirectly, in any Settlement Agency or Closing Agent?</p> <p>If yes, please provide details – including name of the company and ownership details:</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>6. Do any of the owners, partners, shareholders, directors, officers, employees or loan officers have any ownership interest directly or indirectly, in any Mortgage Service Provider?</p> <p>If yes, please provide details – including name of the company and ownership details:</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Section 8 – Investor, Mortgage Insurance & Warehouse References

(Attach additional pages if necessary)

INVESTOR REFERENCE

1) Company Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____ E-mail: _____
 Relation Start Date: _____ Annual Volume: _____
 Product Types _____

2) Company Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____ E-mail: _____
 Relation Start Date: _____ Annual Volume: _____
 Product Types _____

WAREHOUSE BANKING REFERENCE(S)

1) Institution: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____ E-mail: _____
 Relation Start Date: _____ Expiration Date: _____
 Size of Line: _____ Current Outstanding: _____

2) Institution: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: () _____ - _____ E-mail: _____
 Relation Start Date: _____ Expiration Date: _____
 Size of Line: _____ Current Outstanding: _____

Section 9 – Borrower Certification

The enclosed/attached Financial Statement and additional supportive material, together with this completed Warehouse Application, is submitted to Coastal States Bank (“Bank”) for the purpose of obtaining or maintaining a Warehouse Facility with Bank on behalf of the undersigned or for legal entities (corporations, partnerships, etc.) on whose behalf the undersigned may either severally or jointly with others, execute a guaranty in Banks’s favor.

We hereby certify that all information provided to Bank is correct in all material respects and that the borrower will promptly inform Bank of any material changes in the information provided. We realize that information provided in conjunction with this Request for Information questionnaire will be used in the analysis of our request for a Warehouse Facility from Coastal States Bank. The undersigned entity and its officers, directors, shareholders, and/or partners hereby authorize any person, institution, credit-reporting agency, or governmental agency to release information requested by the Bank in conjunction with the undersigned’s request for a Warehouse facility. Borrower further certifies that they have no present intention to file for bankruptcy protection. Borrower fully understands that it is a federal crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1014.

Company Name: _____

Signature of corporate officer, partner or sole proprietor: _____

(Only Authorized signatories should sign the application form)

Print Name and Title: _____ Date: _____

**AUTHORIZATION / RELEASE FOR BUSINESSES AND INDIVIDUALS
(Must be completed by Applicant)**

_____, (the "Applicant") acknowledges that it is in the best interest of both Applicant and Coastal States Bank ("Bank") for Bank to perform due diligence concerning Applicant's background and experience. Applicant further acknowledges that Applicant benefits from the efficiencies in the due diligence process that are possible when Bank and other similarly-situated entities in the mortgage industry exchange information about their experiences in doing business with individuals and companies such as Applicant. Therefore, Applicant hereby consents and gives Bank permission to submit the name of Applicant's company and any and all employees of that company for screening through any and all mortgage industry background databases, including, without limitation, databases operated by Mortgage Asset Research Institute, Inc., such as the Mortgage Industry Data Exchange ("MIDEX"). Applicant understands that Bank performs quality control reviews of the loans that Applicant submits to Bank for registration, review, underwriting, and/or purchase. Applicant understands and hereby consents to the release of information about any loan that is proven to contain misrepresentations and/or irregularities. Applicant hereby releases and agrees to hold harmless Bank, Mortgage Asset Research Institute, Inc., all MIDEX subscribers, and any trade associations that endorse the MIDEX system from any and all liability for damages, losses, costs, and expenses that may arise from the reporting or use of any information submitted by Mortgage Lender or any other MIDEX subscriber to Mortgage Asset Research Institute, Inc., recorded in the MIDEX system, and used in any way by Mortgage Lender or any other MIDEX subscriber.

Signed for Applicant: _____

Print or Type Name

Its: _____

Company: _____

Address: _____

Date: _____

**REPRESENTATIONS OF BORROWER/GUARANTORS
(Must be completed by each Guarantor)**

I, _____ am the/a Principal for the attached application for ("Company").
 I acknowledge that this statement shall become a part of said application and shall be attached thereto.
 I hereby certify that the responses to the following are true and complete.

1. Are there any unsatisfied judgments against you or the Company? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever been party to a bankruptcy? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you had property foreclosed upon or given title or deed in lieu thereof in the past seven (7) years? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Are you or the Company currently a party to a lawsuit, or have you been in the last five (5) years? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Are there any contingent liabilities outstanding for you or the Company? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Have you ever been convicted of a felony? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Have you ever been convicted of any criminal offense (other than Class C Misdemeanor traffic violations)? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Have you ever had a state or federal license in your name revoked or suspended, or in a company name where you were an officer, director or investor? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Do you have direct or indirect interest and/ ownership in any title company, escrow company, closing office or other related real estate activities? If yes, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Are you a United States citizen? If no, please provide details: _____ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>

Sign: _____ Date: _____

Personal Financial Statements

Borrower/Guarantor		Co-Borrower/Guarantor			
<u>Name</u>		<u>Name</u>			
<u>SOCIAL SECURITY NUMBER</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>DATE OF BIRTH</u>		
<u>Address</u>		<u>Address</u>			
<u>City, State, Zip</u>		<u>City, State, Zip</u>			
ANNUAL INCOME INFORMATION *					
Gross Annual Income	Borrower / Guarantor	Co-Borrower / Co-Guarantor	Total	Describe Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower(B) Or Co-Borrower (C) does not choose to have it considered for repaying this loan.	
Base Employment Income*				B/C Income Description/Source Monthly Amount	
Overtime					
Bonuses					
Commissions					
Dividends/Interest					
Net Rental Income					
Other (see the notice in "Describe Other Income," at right)					
Total					
ASSETS		Amount	LIABILITIES		Amount
Cash in Bank			Accounts Payable		
Cash in Other Institutions (Please provide recent statements)			Revolving Credit/Installment Obligations (Schedule 6)		
Marketable Securities Owned (Schedule 1)			Notes Payable (Schedule 7)		
Accounts Receivable (Due Within 1 Year)			Loans on Life Insurance (Schedule 3)		
Notes Receivable (Schedule 2)			Income Taxes Payable		
Cash Surrender Value/Life Insurance (Schedule 3)			Real Estate Debt (Schedule 4)		
Retirement Accounts (Market Value)			Other Liabilities		
Limited Partnership and/or Corporation					
Residence-Real Estate Owned (Schedule 4)					
Other Real Estate Owned (Schedule 4)					
Unlisted Securities Owned (Schedule 5)					
Personal Property (Including autos, boats, RVs, etc.)					
Other Assets					
TOTAL ASSETS >			TOTAL LIABILITIES >		
TOTAL NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES) >					

CONTINGENT LIABILITIES check here if "none"

AS ENDORSER \$	AS GUARANTOR \$	ON DAMAGE CLAIM \$	LETTER OF CREDIT \$	OTHER \$
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Complete all schedules, entering "None" where appropriate. Attach supplemental schedules as needed. Enter a How Held Code for each asset.

How Held Codes
 I = Individual
 S = Spouse
 J = Jointly with Spouse
 O = Jointly with Other Than Spouse
 ISP = Individual's Separate Property
 SSP = Spouse's Separate Property
 PTR = Partnership
 RT = Revocable Trust
 IT = Irrevocable Trust

SCHEDULE #1 - MARKETABLE SECURITIES OWNED (Including Mutual Funds)

Note: Please provide recent brokerage statements.

HOW HELD	DESCRIPTION	TICKER SYMBOL / WHERE LISTED	NO. OF SHARES	MARKET VALUE AS OF:	PLEGDED
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL >				0	

SCHEDULE #2 - NOTES RECEIVABLE

HOW HELD	DESCRIPTION	PAYMENT AMOUNT/FREQUENCY	MATURITY DATE	COLLATERAL	BALANCE DUE	PLEGDED
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL >					0	

SCHEDULE #3 - CASH SURRENDER/LIFE INSURANCE

NAME OF INSURED	PRIMARY BENEFICIARY	FACE AMOUNT	CASH SURRENDER VALUE	LOANS ON POLICY (AMOUNT)
TOTALS >		0	0	0

SCHEDULE #4 - REAL ESTATE HOLDINGS (First Mortgages, Other Loans/Lines)

In the "Type" Column, enter property code: A = Agricultural Property SD = Single Family Dwelling
 C = Commercial/Industrial Property MD = Multi-Family Dwelling (5+ Units) U = Unimproved Property

PROPERTY ADDRESS	% OWNED	HOW HELD	TYPE	PURCHASE YEAR	PURCHASE PRICE	EST. MARKET VALUE	GROSS MONTHLY RENTAL INCOME
1							
2							
3							
TOTALS >						0	0

Warehouse Application

NAME OF LENDER		MATURITY DATE	INTEREST RATE	CREDIT LIMIT / ORIG BAL	CURRENT BALANCE OWED	MONTHLY PAYMENT	ANNUAL TAXES & INSURANCE
1	FIRST MORTGAGE						
	OTHER MORTGAGES, LOANS, LINES						
2	FIRST MORTGAGE						
	OTHER MORTGAGES, LOANS, LINES						
3	FIRST MORTGAGE						
	OTHER MORTGAGES, LOANS, LINES						
4	FIRST MORTGAGE						
	OTHER MORTGAGES, LOANS, LINES						
TOTALS >				0	0	0	0

SCHEDULE #5 - UNLISTED SECURITIES OWNED				
NUMBER OF SHARES	COMPANY NAME	BASIS FOR VALUATION	ESTIMATED TOTAL VALUE	PLEGGED
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL >			0	

SCHEDULE #6 - REVOLVING/INSTALLMENT CREDIT						
TYPE OF CREDIT ACCOUNT (VISA, MasterCard, auto, boat, RV, etc., excluding Real Estate)	FINANCIAL INSTITUTION or COMPANY	BRANCH LOCATION	CREDIT LIMIT / ORIGINAL BALANCE	MATURITY DATE	CURRENT BALANCE	MONTHLY PAYMENT
TOTALS >			0		0	0

SCHEDULE #7 - NOTES PAYABLE					
NAME OF LENDER	LOAN TYPE (Secured, Guaranteed, Etc.)	MATURITY DATE	CREDIT LIMIT/ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
TOTALS >			0	0	0

Borrower Certification: Co-Borrower/ Guarantor

The enclosed/attached Financial Statement and additional supportive material, together with this completed Warehouse Application, is submitted to Coastal States Bank ("Bank") for the purpose of obtaining or maintaining a Warehouse Facility with Bank on behalf of the undersigned or for legal entities (corporations, partnerships, etc.) on whose behalf the undersigned may either severally or jointly with others, execute a guaranty in Bank's favor.

We hereby certify that all information provided to Bank is correct in all material respects and that the borrower will promptly inform Bank of any material changes in the information provided. We realize that information provided in conjunction with this Request for Information questionnaire will be used in the analysis of our request for a mortgage funding facility from. The undersigned entity and its officers, directors, shareholders, and/or partners hereby authorize any person, institution, credit-reporting agency, or governmental agency to release information requested by the Bank in conjunction with the undersigned's request for a mortgage funding facility. Borrower further certifies that they have no present intention to file for bankruptcy protection. Borrower fully understands that it is a federal crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1014.

Signature: _____

Print Name: _____ Print Title: _____

Date: _____

Mortgage Banker Finance Annual BSA/AML Compliance Attestation

Mortgage Banker Finance (MBF) clients of Coastal States Bank (CSB) are required to certify on an annual basis that they are following applicable federal BSA/AML regulations. Signing this document does not alter any representations and warranties made elsewhere in your contract with us. To complete this form, please check the appropriate box, and sign/date below.

I, _____, the _____ of _____ (“the Company”),
NAME TITLE COMPANY NAME

attest to the following:

Bank Secrecy Act/Anti-Money Laundering Program (Bank and Credit Union Clients)

- a. We maintain a board approved, written Bank Secrecy Act and/or Anti Money Laundering Program;
- b. The program contains internal controls designed to ensure compliance with the applicable provisions of the Bank Secrecy Act, Title III of the USA PATRIOT Act, and the regulations of the Office of Foreign Assets Control;
- c. We have appointed a competent individual to serve as compliance officer;
- d. We provide for regular independent testing of the program every 12-18 months; and,
- e. We provide annual training for all appropriate employees.

RMLO AML Final Rule (Non-Depository Lenders and Broker Clients)

- f. We maintain a written compliance program designed to meet the requirements of FinCEN’s Residential Mortgage Loan Originator AML Final Rule;
- g. We maintain a written Customer Identification Program;
- h. We maintain a system of internal controls designed to ensure compliance;
- i. We have appointed a competent individual to serve as compliance officer;
- j. We provide for regular independent testing of the program, basing scope and frequency on the risks posed by the Company’s products and services; and,
- k. We provide on-going training for all employees.

I certify to the above and that I am authorized to sign on behalf of the Company.

Signature

Name

Date

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	Give Form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																											
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Fidelity, Mortgage E&O and Professional Services Liability Insurance Requirements

Fidelity Bond

Minimum Coverage's – \$300,000 limit

Required Endorsements:

- Theft of Warehouse Lender Money & Collateral- naming Coastal States Bank
- Direct Loss Payee/Right of Action – naming Coastal States Bank
- Definition of Employee
- Fraudulent Real Property Mortgages
- Loan Closing Agent
- Forged Documents
- Computer Systems Fraud
- Independent Contractor Endorsement

Mortgagee's Errors & Omissions/Mortgage Impairment

Minimum Coverage's \$300,000 limit

This policy must cover exposures such as:

- 1) Failure to obtain or maintain fire and extended coverage perils.
- 2) Failure to obtain or maintain flood insurance.
- 3) Failure to determine that a property is in a flood zone.
- 4) Failure to obtain PMI Insurance, FHA Insurance or VA Guaranty as well as follow their instructions in connection with the liquidation of a loan.
- 5) Failure to pay real estate taxes.

Required Endorsements:

Direct Loss Payee/Right of Action – naming Coastal States Bank

Note: For those servicing loans you may need mortgage impairment.

Note: Although it is not required, we do recommend our clients have Professional Liability Errors & Omissions as.

Renewals and Policy Expiration Notices:

Warehouse customers shall provide Coastal States Bank written evidence of renewal of such insurance policies on the expiration date of such policies. A binder or certificate of insurance shall be valid proof of insurance. **A binder or certificate is only acceptable for a 30-day period. After that time, Coastal States Bank requires a copy of the full policy including all riders/endorsements along with evidence of paid premium.**

Approved Insurance Carriers:

Each insurer must have and maintain at least the following rating by either Standard & Poor's (S&P) or A.M. Best Co.:

- (a) Policyholder's rating of "A-" or better; provided that an insurer with a lesser rating shall be permitted if such insurer presents a reinsurance agreement, containing a direct access clause, with one or more insurers which hold a policyholder's rating of "A-" or better.

If your insurance provider is unable to write the coverage's required, please contact:

Arthur J. Gallagher & Co.

Colin Jackson –Account Executive
125 Mitchell Court
Crystal Lake, IL 60014
847-458-3072