## BANCMAC CLIENT APPLICATION (VERSION 1.2017)

Financial institution information				
Company Name				
Key contact				
Phone	Fax			
E-mail	Web www			
Company NMLS#	Company Tax ID #			
Title Attach recent resume or brief ou  2. Name & NMLS # Title	Itline of banking and/or lending experience			
Loan Originators attach addi				
1. Name & NMLS # Title Office	of banking and/or lending experience			
Title				

3.	Name & NMLS # Title	
	Office	
4.	Name & NMLS #	
	TitleOffice	
	Appraisers –	
F	Provide 3 appraisers per market area. Appraiser Selection form [attache	ed
Ple	ease include appraiser qualifications/resume, copy of license, and two recent	sa
	opraisals and copy of current Errors & Omissions Insurance.	
	Financial Institution Profile	
	Which of the following does your organization have a membership in?	
	$\square$ fhlbb $\square$ fslic $\square$ bif $\square$ saif $\square$ ncusif $\square$ fdic $\square$ n/a	
	2. How is institution chartered?	
	$\square$ State $\square$ Federal $\square$ N/A	
	3. What market area does your institution serve?	
	4. Has your organization ever been rejected, suspended, or terminated by F	ΗA
	FNMA, FHLMC, a private mortgage insurer, wholesaler, or other loan invest	tor
	Has your organization or any employee of your organization ever been ex	clu
	from participating in transactions involving Freddie Mac, either directly or	
	indirectly (i.e., placed on ANY Exclusionary list)?	
	Yes $\square$ No $\square$ If Yes, please attach letter of explanation.	

decisions, orders, and/or consent decrees?						
	'es 🗌 No 🗎 If Yes, please attach letter of explanation.					
	res 🔲 No 🔲 II res, piedse dilacment	егогехріаналоп.				
,						
5.	If your state is a "Deed of Trust" state, Provide your Institutions Trustees					
	Name and Address:					
7.	Please provide your Institutions Wiring Ir	nstructions:				
	Beneficiary's Financial Institution:					
	ABA #	Name				
	City	State	_ Zip Code			
	eneficiary's Further Credit: if applicable					
	ABA #	Name				
	City	State	_ Zip Code			
	Final Credit/Beneficiary Information:					
	Account #					
	Name					
	City		_ Zip Code			

## Certifications

	ther any of the principal officers, loan/lending officers, directors, partners, a 5% or more interest of the financial institution:
Have keep to the control of the cont	been convicted of a crime or named in a pending criminal proceeding ding traffic violations and other minor offenses); been subject to an order, judgments, or decree enjoining him or her from ging in any activities in connection with any type of business transaction ding the purchase or sale of a security) or acting as (or as an associated or ed person of) an investment advisor, underwriter, broker, dealer, financial ion, or any other business; or been employed by an institution within two years of its debarment by the the the total distribution of the proceeding and Urban Development.
and/or any o	n letter listing claims or lawsuits in process, threatened or pending litigation ther contingent liabilities. Include present status and your opinion as to mate liability and adequacy of insurance coverage.
Affirmation	
correct. I her	all answers and information submitted in this application are true and reby authorize BANCMAC, at its discretion, to verify the information with prices, and I hereby waive any cause of action or claim I may have agains with respect to any information they may provide.
	Print or type name of state chartered or national bank or savings and loan
BY:	Signature of authorized officer
BY:	Print or type name
TITLE:	Print or type title of authorized officer

Print or type date

Community Banc Mortgage Corp. 3200 W Iles Ave

Springfield, IL 62711 Phone: 888-821-7729

bancmac conditions@bancmac.com

## **Appraiser Selection**

Please complete the following form and return to Community Banc Mortgage Corp.

Lender: Company Name	
Address	
City, State, Zip	
Phone Number	
Fax Number	
Primary Contact E-mail Address	
Appraiser Rotation:	
Appraiser	
Company Name	
Address	
City, State, Zip	
Phone Number	
Cell Phone Number	
Fax Number	
E-mail Address	
License Resume w/ References Errors/Omission	ns Insurance 2 Samples 0
Appraiser Rotation:	
Appraiser	
Company Name	
Address	
City, State, Zip	
Phone Number	
Cell Phone Number	
Fax Number	
E-mail Address	
License Resume w/ References Errors/Omission Appraiser Rotation:	ns Insurance 2 Samples 0
Appraiser	
Company Name	
Address	
City, State, Zip	
Phone Number	
Cell Phone Number	
Fax Number	
E-mail Address	
License Resume w/ References Errors/Omission	ns Insurance 2 Samples

## RESOLUTION OF BOARD OF DIRECTORS

OF			
	ncial institution, city, and	d state	
RESOLVED FIRST, that			
Name of south order of the divides of	the	 Title	and
Name of authorized individual		litle	
Name of south order of the divides of	the	T:11 -	and
Name of authorized individual		Title	
Name of south order of the divides of	the	TIH -	and
Name of authorized individual		Title	
of this entity, or any one or more of th	•	• •	
in office, be and each of them is here	,	•	
and on behalf of this entity and under			
effect, to originate and sell residential		•	
Corp. (BancMac) and to execute any			
endorsements and issuance of check	s or drafts, reports	, mortgage docum	ents, and
other papers in connection with, and	furnish any inform	nation required or d	eemed
necessary or proper by Community Bo	anc Mortgage Co	orp. (BancMac) in c	onnection
therewith.			
I HEREBY CERTIFY that the foregoing is			on
presented to and adopted by the Bo	ard of Directors of		
Name (	of financial institution		
at a meeting duly called and held on			
20, at which a quorum was prese			
duly recorded in the minutes book of			
said resolution have been duly electe	d or appointed to	o, and are the prese	ent
incumbents of, the respective offices	set after their resp	ective names.	
Consideration	_		
Secretary		CORPORATE SEAL	