



CLIENT RE-CERTIFICATION

THINK BIGGER *> expect more*

Please complete the following annual recertification items and submit the requested items to clientrelations@mimutual.com by month end to maintain active status.

- Complete section below listing key management/owners of your company, confirming compliance with SAFE Act & licensing, and including any applicable Affiliates
- Provide most recent Year End Financials with current YTD P&L and balance.

List all Owners & Officers of the Company:

Name	Title	Social Security Number - required for owners with 10% or more interest	Percentage of Ownership

Disclosures:

- Has any director or principal officer of the licensee ever been indicted or convicted of a felony? If yes, please attach a detailed description: Yes ___ No ___
- Has any director or principal officer of the licensee ever filed for Bankruptcy? If yes, please attach a detailed description: Yes ___ No ___
- Has any director or principal officer of the licensee ever been associated with a business whose authority to transact business as a mortgage banker, mortgage broker, or mortgage loan servicer was denied, revoked, or suspended by a state or federal regulatory or law enforcement entity? If yes, please attach a detailed description: Yes ___ No ___
- *As part of the your hiring procedures, checks are performed on all employees, including management, involved in the origination of mortgage loans (including application through closing), against the U.S. General Services Administration (GSA) Excluded Parties List, the HUD Limited Denial of Participation List (LDP) List and the Federal Housing Finance Agency (FHFA) Suspended Counterparty Program (SCP) list* Yes ___ No ___

Affiliation Question / As applicable:

- Do you have a controlling interest or common ownership in an Affiliate? Yes ___ No ___
- If Yes, please list Affiliates & corresponding fees (Ex: Title Co.)
 - _____
 - _____

By signing this recertification below, you certify that your company is compliant with the Federal SAFE Act and state license requirements of each state in which your company originates loans.

Broker's Legal Entity Name: _____

Name _____ Title _____

Date: _____ Signature _____