



RE: BROKER PACKAGES

To Whom It May Concern:

In reference to the above, please be advised that upon receipt of this Broker package as a requirement all agreements on file must be originals.

I am requesting that you forward your original agreement to our corporate office, so that we can approve your company accordingly.

PLEASE NOTE: TEMPORARILY APPROVAL WILL BE GRANTED FOR THE NEXT 72 HOURS. IF YOUR AGREEMENT HAS NOT BEEN RECEIVED WITHIN THE EXPIRATION PERIOD YOUR ACCOUNT WILL BE PLACED ON HOLD.

If you have any questions please feel free to call me at (502)895-5048. I apologize for any inconveniences that may or have occurred. Thanking you in advance for your anticipated cooperation.

Sincerely

Broker Approval Dept.



Dear Broker:

Thank you for your interest in becoming an approved Broker. We're confident that our diversified portfolio of financial products, quality of service and unqualified commitment to our Brokers will benefit you and your customers for years to come.

This Broker Packet contains the forms required to process your application. Your cooperation in completing them as required and returning them with any additional information requested will enable us to process your Application in the shortest period of time.

Please use the checklist below as a guide to help you complete your Application. However, should you have any questions, please feel free to call our BROKER APPROVAL DEPT, at 502-895-5048.

Sincerely,

APPROVAL DEPT.

Broker Application: Completed, dated and signed by President, Owner or Partner. Please be sure to include the information for the Director(s) of the Corporation that is requested.

Broker Agreement: Dated and signed by the President, Owner or Partner. Corporate seal must be affixed for Corporations.

Authorization Release Form: Completed, dated and signed by President, Owner or Partner.

Corporate Resolutions Form: Required only for Corporations. Include printed names, signatures and titles of all authorized signers of the Corporation. Secretary must sign, date and affix Corporate Seal (in lower left corner) of form. Authorization of Signatures for sold Proprietorship or Partnership: Include printed names and signatures of authorized signers of the Company.

INSURANCE:

Articles of Incorporation: For corporations only. Must show all Officers of Corporation.

Current financial Statement: Prepared on an accountant's letterhead, less than (1) year old and include Balance Sheet and Income Statement. Sole Proprietorships or Partnerships must submit (2) year's tax returns.

Copy of Broker License

RESUMES



CORRESPONDENT/BROKER APPLICATION

Company's Legal Name: _____
DBA: _____
Primary Contact: _____
Address: _____
Phone: () _____ Fax Number: () _____
Email Address: _____
Time at this address: _____
Taxpayer ID#: _____
Date Started/State Incorporated In: _____
Target Market (include State(s)): _____ Years/Months in Bus: _____
Type of Business: _____ Sole Ownership _____ Partnership: _____ Corporation
Employee Headcount: _____ Number of Loan Officers: _____
Billing Contact: _____ Phone () _____
Email Rates to: _____

PRINCIPAL OWNERS:

Name: _____ Title: _____ %of Ownership: _____
Address: _____ Social Security No: _____
Name: _____ Title: _____ %of Ownership: _____
Address: _____ Social Security No: _____
Name: _____ Title: _____ %of Ownership: _____
Address: _____ Social Security No: _____

BRANCH OFFICE:

Full Branch Office Locations (if applicable)

Name: _____ Address: _____
Phone: _____ Fax: _____
Name: _____ Address: _____
Phone: _____ Fax: _____
Name: _____ Address: _____
Phone: _____ Fax: _____

BANK REFERENCES:

Name: _____ Contact Person: _____
Address: _____
Phone Number: _____.
Name: _____ Contact Person: _____
Address: _____
Phone Number: _____.

PRESENT FUNDING SOURCES:

Name: _____ Contact Person: _____
Address: _____ Phone Number: _____

Name: _____ Contact Person: _____
Address: _____ Phone Number: _____

ORGANIZATIONAL APPROVALS:

Organization	Date Approved	ID Number
FNMA: _____		
FHMLC: _____		
FHA: _____		(_____ DE)
VA: _____		(_____ Automatic)

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE:

Has your company or a principal of your company ever been suspended or terminated from selling or servicing mortgages by an investor or another lender?
_____ Yes* _____ No

Has your company or a principal ever been denied, suspended, or disqualified by HUD or VA? _____ Yes* _____ No.

Has your company ever been denied, suspended or disqualified by a PMI company?
_____ Yes* _____ No.

Is the company or any officer of the company involved in any legal action that could affect the company's capacity to perform under the broker agreement?
_____ Yes* _____ No.

Have any formal complaints, lawsuits, or judgments been filed against you or your company with any state regulatory agency within the past 3 years?
_____ Yes* _____ No.

Has your company made any indemnification to another lender due to loss or potential loss incurred? _____ Yes* _____ No.

Does your company carry Errors and Omissions insurance? _____ Yes _____ No.
If yes, through what company and in what amount? _____
_____ \$ _____.

What is your projected volume to be submitted to New Age Mortgage?
\$ _____.

*Any "yes" answers will require full explanation on a separate attachment.

PRESENT YEARLY VOLUME:

1st Mortgage Residential: _____ 2nd Mortgage Residential: _____

PREVIOUS YEAR PRODUCTION VOLUME:

	Units	Total Amount
Conventional Conforming: _____		
Conventional Jumbo: _____		
FHA: _____		

VA: _____
Subprime: _____
Second Mortgages: _____

Other lenders you are approved with:

Company	Contact Name/Title	Telephone

Applying for the following programs:

_____ Conventional
_____ FHA (Provide copy of FHA approval letter)

Broker: Loan closes in New Age Mortgage name with New Age Mortgage funds.

Documentation Requirement:

Please include the items below in support of your application to become an approved broker with _____.

- Copy of current license(s) for all states where Broker will be conducting business.
- Brief History of Firm
- Resume of Principals, Senior Officers, and Managers
- Wiring instructions
- Fully completed and signed Application
- Executed Mortgage Broker Agreement
- Loan Fraud Zero Tolerance
- Credit Authorization and Certification Form
- Owner Affidavit, if applicable
- Corporate Resolution, if applicable
- Audited Financial Statements for previous year and most recent year-to-date balance sheet signed and dated
- Quality Control Procedures or QC Questionnaire
- Original W-9 fully completed and executed.
- Fully Executed Limited Power of Attorney (if requesting table funding authorization.

Applicant Certification:

Applicant certifies that the information contained in this application and in all additional required documents is complete and accurate to the best of their knowledge. Applicant authorizes New Age Mortgage to make reference inquiries, background investigations, obtain verification of any information provided. Applicant also authorizes New Age Mortgage to send rate sheets, products guidelines and updates to the email address or fax number provided on the application.

Authorized Signature Title

Accepted:

Representative Date: _____
Source: _____

SECRETARY'S CERTIFICATE OF CORPORATE RESOLUTIONS

I, _____, do hereby certify that I am Secretary of _____ (the "Corporation") and that the following is a true, complete and correct copy of resolutions adopted at a meeting of the Board of Directors of said Corporation duly and properly called and held on the _____ day of _____, 20____ that a quorum was present at said meeting; and that said resolutions are now in full force and effect.

RESOLVED, that the action of the several officers of this Corporation in making, executing and delivering on behalf of the Corporation a Dealer Agreement with New Age Mortgage Company (hereafter _____) be and it hereby is ratified, confirmed and approved.

RESOLVED FURTHER, that any one of the persons from time to time holding the following offices of this Corporation or the following named individuals, _____

Be and are hereby authorized to: (I) discount, sell, endorse, assign or transfer to any and all assets now or hereafter held, owned or controlled by this Corporation, and (II) transact any and all other business with and through _____ which such persons may at any time deem to be advisable and, in reference to any such business, to make any and all agreements and to execute and deliver to any and all contracts and other writings which such persons may deem to-be necessary or desirable.

RESOLVED FURTHER, that the Secretary or Assistant Secretary shall certify to the names and signatures of the persons who presently are duly elected, qualified and acting as the officers named above, as well as the names and signatures of all other officers and persons authorized to act on behalf of this Corporation under these resolutions, and the Secretary or Assistant Secretary shall from time to time hereafter, upon a change in the facts so certified, immediately certify the names and signatures of the officers or person then authorized to sign or act ____ shall be fully protected in relying upon such certificates and on the obligation of the Secretary or Assistant Secretary set forth above. _____ shall be indemnified and saved harmless by this Corporation from any claims, demands, expenses, loss or damage resulting from honoring or relying on the signature or other authority of any officer or person whose name and signature was so certified, or refusing to honor any signature was so certified, or refusing to honor any signature or authority not so certified.

RESOLVED FURTHER, that these and all transactions shall continue in force until express written notice of their rescission or modification has been furnished to and received by _____.

RESOLVED FURTHER, that any and all transactions by or in behalf of this Corporation with ____ prior to the adoption of this resolution be and the same hereby are in all respects ratified, approved and confirmed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affix the Seal of the Corporation on this day of _____, 20_____.

(CORPORATE SEAL)

SECRETARY

SECRETARY'S CERTIFICATE OF AUTHORIZED SIGNERS

I, _____, of _____
 Do hereby certify that pursuant to the Board resolution contained on the reverse side of this Certificate, that the following persons are authorized to sign and act on behalf of the aforesaid Corporation within the foregoing resolution and the present officers are duly elected or appointed to hold office until their respective successors are chosen, and that New Age Mortgage Company, may act in reliance upon this resolution and my certification.

Printed/Type Name	Title(if any)	Sample Signatures
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____ 20____
_____ Secretary's Signature

AUTHORIZATION OF SIGNATURES FOR SOLE PROPRIETORSHIP OR PARTNERSHIP

DATE: _____

TO: _____

The undersigned individual(s) desire to establish with you a dealer-lender relationship and hereby certify that New Age Mortgage Company is the trade name, which is being used in the conduct of an unincorporated business, owned entirely by the undersigned as a _____ sole proprietor or _____ partnership.(Please check appropriate entity)

I (We) agree and certify that contracts, assignments of notes, retail installment contracts, liens and any other documents required to transact business with New Age Mortgage Company may be signed and delivered by the following persons:

_____	_____
Typed Name	Signature

Or any one of them or the undersigned principal.

_____ is hereby authorized to rely hereon and to accept said signatures of any one of the above named persons for and on behalf of said business entity and below signed principals until this authority is terminated in writing.

In the event there is a change in ownership or the individuals elect to incorporate the entity, the undersigned agree to notify _____ immediately.

The below signed individuals constitute all the owners or partners of the above business entity.

Printed Name	Signature	%of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATUORIZATION RELEASE FORM

DATE: _____

I (we) _____, hereby certify that all the statements I (we) have given are true to the best of my (our) knowledge.

I (we) give _____ full authorization to investigate the aforementioned creditors and accounts with assurance that all the information will be kept in strict confidence.

COMPANY NAME

SIGNATURE/TITLE