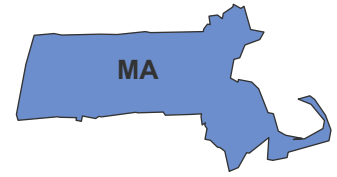




Amendments Jurisdiction-Specific Requirements



MASSACHUSETTS MORTGAGE LENDER LICENSE

Instructions

1. The following amendments require items to be sent to Massachusetts outside the NMLS:
 - Legal Name change
 - Main Address change
 - Other Business Name change
 - Change in location of Books and Records
 - New Control Person (owner or executive officer/director)
 - Change in Qualifying Individual
2. Amendment Fees:
 - The main address amendment fee is \$200.
 - General Laws chapter 255E, §5, states in part, "Such license shall not be transferrable or assignable...." If a company amends 100% of its ownership, the Division is required to process the change as a new application under General Laws chapter 255E, §3, and the Division's regulations 209 CMR 42.00 *et seq*, and will require the \$300 license investigation fee to be paid to Massachusetts outside of the NMLS.
3. All fees are collected through the NMLS and ARE NOT REFUNDABLE.
4. **Individuals in a position of control are required to authorize a credit report through NMLS.** Individuals will be required to complete an Identity Verification Process (IDV) along with an individual attestation before the license request for your company can be filed through NMLS.
5. Jurisdiction-specific requirements as identified on the checklist below must be received with this checklist within 5 business days of the electronic submission of your amendment filing through the NMLS at the following:

*Massachusetts Division of Banks
Attn: Mortgage Lender/Mortgage Broker Licensing Unit
1000 Washington Street
10th floor
Boston, MA 02118-2218*

NMLS Unique ID Number: _____

Applicant Legal Name: _____

ATTACHED	NOT APPLICABLE	ITEM
NAME CHANGE REQUIREMENTS:		
<input type="checkbox"/>	<input type="checkbox"/>	<p>Amend company name in the “Entity Name” field of the “Identifying Information” section of Form MU1. Please be advised that the name change may trigger a corresponding amendment requirement in the “Legal Status” section of Form MU1.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>SECRETARY OF STATE DOCUMENTATION. Provide all relevant name change documentation from the Secretary of State(s) office(s) to verify the licensee’s legal name has been properly amended with its home state and with the Secretary of the Commonwealth. Based on review of the notification, additional documents may be required.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>SURETY BOND RIDER. Submit an original surety bond rider which reflects the new legal name.</p>
MAIN ADDRESS AMENDMENT REQUIREMENTS:		
<input type="checkbox"/>	<input type="checkbox"/>	<p>Amend company address in the “Main Address” field of the “Identifying Information” section of Form MU1. The change will trigger a \$200 change of address fee. Please be advised that you are required to amend any other address fields on Form MU1 that have also changed, however no fee will be charged for those amendments.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>SURETY BOND RIDER. Submit an original surety bond rider which reflects the new address.</p>
OTHER TRADE NAME CHANGE REQUIREMENTS:		
<input type="checkbox"/>	<input type="checkbox"/>	<p>Amend trade or fictitious name in the “Other Trade Names” section of Form MU1. Please be advised that the trade or fictitious name must also be amended on your company’s Form MU3(s).</p>
RECORD KEEPING LOCATION AMENDMENT REQUIREMENTS:		
<input type="checkbox"/>	<input type="checkbox"/>	<p>Amend the location where your company maintains its Massachusetts books and records in the “Business Address” field of the “Books and Record Information” section of Form MU1.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>RECORD KEEPING PLAN FORM. Submit a <i>RECORD KEEPING PLAN</i> if the location is outside of Massachusetts, or if your company wishes to maintain records in forms other than hard copy.</p>

CONTROL PERSON AND QUALIFYING INDIVIDUAL AMENDMENT REQUIREMENTS:

<input type="checkbox"/>	<input type="checkbox"/>	Amend control persons in the “Direct Owners and Executive Officers” section of Form MU1 to reflect changes in ownership or management; or amend the branch manager for Massachusetts in the “Qualifying Individuals” section of Form MU1. The new qualifying individual and all new control persons are required to submit the items below.
<input type="checkbox"/>	<input type="checkbox"/>	AUTHORIZATION FOR BACKGROUND CHECK AND RELEASE. Provide an executed original copy of the <i>CORI REQUEST FORM</i> found below.
<input type="checkbox"/>		Provide a copy of the individual’s government issued photographic form of identification.
<input type="checkbox"/>	<input type="checkbox"/>	Provide a detailed explanation of any adverse reporting and third party evidence of resolution or settlement, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	DISCLOSURE QUESTIONS. Provide complete details of all events or proceedings for any “Yes” answer in the “Disclosure Questions” section of the Form MU2 for the new control person(s) or qualifying individual.
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL FINANCIAL STATEMENTS. Submit current and two prior years’ personal financial statements, completed in accordance with Generally Accepted Accounting Principles (GAAP), signed under the pains and penalties of perjury, and dated not more than 90 days prior to the filing of the application through NMLS. Individuals may use the <i>FINANCIAL STATEMENT FORM</i> , or similar format, including a Statement of Condition (and "as of" date) with supporting schedules and an Income Statement. NOTE: CONTROL PERSONS OF PUBLICLY TRADED COMPANIES AND QUALIFYING INDIVIDUALS ARE NOT REQUIRED TO PROVIDE PERSONAL FINANCIAL STATEMENTS.
<input type="checkbox"/>	<input type="checkbox"/>	EVIDENCE OF EXPERIENCE. Provide third party evidence that the new qualifying individual has three years of full-time experience, or the equivalent in part-time experience, working for a licensed mortgage broker, mortgage lender, or financial institution exempt from licensing under G.L. c. 255E. See Regulatory Bulletin 5.1-102 Experience Requirements for Mortgage Lender and Mortgage Broker Licensing . NOTE, CONTROL PERSONS ARE NOT REQUIRED TO PROVIDE SUCH EVIDENCE, UNLESS SPECIFICALLY REQUESTED BY MASSACHUSETTS.

WHO TO CONTACT – Contact Division of Banks licensing staff by phone at 617-956-1500 ext. 351 or send your questions via e-mail to nmls@state.ma.us for additional assistance.

YOU ARE NOT AUTHORIZED TO ENGAGE IN MORTGAGE BROKERING OR MORTGAGE LENDING ACTIVITIES IN THE COMMONWEALTH OF MASSACHUSETTS UNTIL YOU HAVE OBTAINED LICENSURE IN MASSACHUSETTS.

MORTGAGE LENDER BOND

Bond Number: _____

WHEREAS, the Division of Banks' ("Division") regulation 209 CMR 42.03(2)(a)(2), requires a licensed mortgage lender ("Principal") to furnish a surety bond in an amount based upon the Principal's aggregate mortgage loan volume in Massachusetts, the Principal is required to furnish a surety bond in the amount of _____ and to file the same with the Treasurer and Receiver General of the Commonwealth of Massachusetts for the use of the Commissioner of Banks ("Commissioner").

NOW THEREFORE KNOW ALL PERSONS BY THESE PRESENTS

That _____ of _____ (insert full physical address), a corporation duly organized under the laws of the State of _____, as Principal, and _____

as Surety, a corporation incorporated under the laws of the State of _____ and authorized to transact business in the Commonwealth of Massachusetts, are held and firmly bound unto the Treasurer and Receiver General of the Commonwealth of Massachusetts, or his successor, to which payment well and truly to be made for use of the Commissioner under the provisions of General Laws Chapter 255E, and the Division's regulation 209 CMR 42.00 *et seq.*, Principal and Surety hereby jointly and severally bind themselves, their heirs, executors, administrators, successors, and assigns firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS THAT, in the event of insolvency, liquidation or bankruptcy of the Principal, or the expiration, surrender, or revocation of the relevant license, this bond shall continue to be held by the Treasurer for a period of twelve months from the date of such insolvency, liquidation, or bankruptcy of the Principal, or the expiration, surrender, or revocation of the relevant license, unless otherwise directed by the order or judgment of a court of competent jurisdiction, and may be used exclusively by the Commissioner for the benefit of consumers or borrowers for the reimbursement of consumer fees or other charges determined by the Commissioner to be improperly charged or collected, and to satisfy any past due Division costs, assessments, penalties, or other obligations which have been charged to the Principal. In the event of the insolvency, liquidation, or bankruptcy of the Principal, or the expiration, surrender, or revocation of the relevant license, any claim payments due from the Surety under the terms of this bond shall be paid to the Treasurer and Receiver General of the Commonwealth of Massachusetts for disposition in accordance with the applicable provisions of the Massachusetts General Laws Chapter 255E, and the Division's regulation 209 CMR 42.00 *et seq.* Nothing contained herein shall prevent the Treasurer from continuing to retain possession of this bond, or its proceeds, in the event of ongoing litigation involving the Principal.

If the Principal, its officers, employees, and agents faithfully perform any and all written agreements or commitments with consumers or borrowers; correctly and accurately account for all funds received from a consumer or borrower in the conduct of the licensed business; and operate the licensed business in accordance with Massachusetts General Laws chapter 255E, and the statutes, regulations, rules, and regulatory bulletins applicable to the conduct of the licensed business in Massachusetts, then this obligation shall be void, otherwise to remain in full force and effect to address any violations of such obligation(s).

This bond shall become effective upon execution by the Surety and shall be continuous in nature and continue in force and effect as to future acts or omissions of the Principal unless it is terminated or cancelled:

- (1) By order of the Commissioner; or
- (2) By the Surety delivering not less than thirty (30) days written notice to the Principal, the Treasurer and Receiver General of the Commonwealth of Massachusetts and the Commissioner that the same will be cancelled. The filing of such notice shall not discharge the Surety from any liability already accrued under this bond or which shall accrue herein before the expiration of such thirty (30) day or applicable period.

Such cancellation or termination shall not affect any liability incurred or accrued hereunder prior to the termination of the thirty (30) day period of notice if terminated by the Surety, provided, however, that regardless of the number of years this bond remains in force, or the number of times the bond is renewed, the aggregate liability of the Surety shall, in no event, exceed the full sum of this bond.

IN WITNESS WHEREOF we have hereunto set our hands and seals:

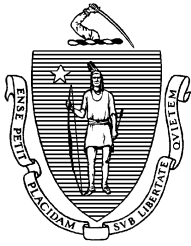
BY: _____ BY: _____

Principal Date Surety Company Date

Then personally appeared the above-named Principal on the day of _____, 20____, and acknowledged the foregoing instrument as his free act and deed.

Before me,

SEAL Notary Public

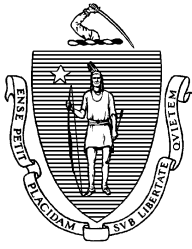


Commonwealth of Massachusetts
DIVISION OF BANKS

1000 Washington Street, 10th floor, Boston, MA 02118

IMPORTANT NOTICE PERTAINING TO NEW CORI REGULATIONS

Attached is the new CORI request form which must be utilized as of May 16, 2008. The new form contains additional fields of information which the applicant must complete. **Additionally, the applicant's identity must be verified with a government issued photographic form of identification and the applicant's signature appearing on the CORI request form must be authenticated by a notary. Please be sure to submit a copy of a government issued photographic form of identification with the CORI request form.** CORI request forms submitted without this information, or which have not been notarized, will not be processed.



Commonwealth of Massachusetts
DIVISION OF BANKS

1000 Washington Street, 10th floor, Boston, MA 02118

OTHER

GDIVOB

CORI REQUEST FORM

The Division of Banks has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information for the purpose of screening:

- officers of, and applicants for, bank and credit union charters;
applicants for licenses to engage in the business of a mortgage lender or broker, small loan company, foreign transmittal agency, check casher, debt collector, and installment finance company (including motor vehicle and insurance premium finance agencies); and
applicants for a license to engage in the activity of a mortgage loan originator for which the Division also has been certified to access non-conviction criminal data.

As an above-described bank officer or license applicant, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE SIGNATURE APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)
On this ___ day of ___, 20___, before me, the undersigned notary public, personally appeared ___ (name of document signer), proved to me through satisfactory evidence of identification, which were ___, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY # (Requested, but not required) ID Theft Index PIN* (if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: ___ HEIGHT: ___ ft. ___ in. WEIGHT: ___ EYE COLOR: ___

STATE DRIVER'S LICENSE NUMBER: ___ (include State of issue)

(DIVISION USE ONLY):

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED DIVISION EMPLOYEE

* The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **ALL CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617) 660-4614.**

FINANCIAL STATEMENT

(optional form)

I, _____ Name _____ Business Address _____

submit herewith the following information and a correct and complete statement of my financial condition
as of _____

(Date)

An answer to each item is required. If the answer is "No", "None", or "Not Applicable", so state. If an item of information called for is "Unknown" so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules should be signed and dated.

ASSETS

LIABILITIES

- | | |
|--|--|
| <p>1. Cash on hand and in banks \$ _____</p> <p>2. Notes, loans, and other accounts receivable considered good and collectible _____</p> <p>3. Merchandise and inventory at lower of cost or market value _____</p> <p>4. Real Estate (Schedule A) _____</p> <p>5. Machinery and equipment - at cost less depreciation _____</p> <p>6. Marketable Securities (Schedule B) _____</p> <p>7. Life insurance (face amount \$ _____) Cash surrender value _____</p> <p>8. Other Assets (Schedule C) _____</p> <p>9. TOTAL ASSETS _____</p> | <p>10. Accounts Payable \$ _____</p> <p>11. Notes Payable to Banks (Schedule D) _____</p> <p>12. Notes Payable to others (Schedule E) _____</p> <p>13. Real estate mortgages (Schedule F) _____</p> <p>14. Interest and taxes due and unpaid (Schedule G) _____</p> <p>15. Other debts and liabilities (Schedule H) _____</p> <p>16. TOTAL LIABILITIES _____</p> <p>17. NET WORTH (#9 minus #16) _____</p> <p>18. TOTAL LIABILITIES AND NET WORTH (#16 + #17) _____</p> |
|--|--|

NOTE: Notes, accounts receivable, mortgages, and other assets considered doubtful, and not included in above financial statement have an estimated value of \$ _____.

CONTINGENT LIABILITIES

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name and Address of Debtor or Obligor	Name and Address of Creditor or Oblige	Description of Collateral	Value of Collateral	Date Obligation		Current Amount
				Incurred	Due	
TOTAL						\$

_____/_____/_____
(Signature) (Print/Type) (Date)

STATEMENT OF INCOME

	3 Years Prior	2 Years Prior	Prior Year	Current Year - YTD
INCOME ITEM	20	20	2	/ /20
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties, and investments				
Other income				
TOTAL INCOME				
Taxes (federal and state income taxes)				
NET INCOME (after taxes)				

SUPPORTING SCHEDULES

Schedules set forth on pages two and three must agree in total with the corresponding item contained in the Financial Statement on page one of this report.

Schedule A - Real Estate Owned

Description and Location	Title is Held in the Name of	Date Acquired	Percentage of your Ownership	Purchase Price	Current Value and Method of Determination
				\$	\$
CARRIED FORWARD TO ITEM 4, PAGE 1				TOTAL	\$

Schedule B - Marketable Securities

Description	Amount	Description	Amount
	\$		\$
CARRIED FORWARD TO ITEM 6, PAGE 1		TOTAL	\$

Schedule C - Other Assets

Description and Basis for Valuation	Value
	\$
CARRIED FORWARD TO ITEM 8, PAGE 1 TOTAL	\$

Schedule D - Notes Payable to Banks

Name of Bank	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 11, PAGE 1 TOTAL			\$

Schedule E - Notes Payable to Others

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 12, PAGE 1 TOTAL			\$

Schedule F - Real Estate Mortgages Payable

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 13, PAGE 1 TOTAL			\$

Schedule G - Interest and Taxes Due and Unpaid

Description	Payable to	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 14, PAGE 1 TOTAL			\$

Schedule H - Other Debt and Liabilities

Description	Date Due	Amount
		\$
CARRIED FORWARD TO ITEM 15, PAGE 1 TOTAL		\$

**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF BANKS**

RECORD KEEPING PLAN

The applicant/licensee requests approval to keep records outside Massachusetts and/or keep such records in photographic, electronic, or other forms of reproduction as authorized under Massachusetts General Laws chapter 93 § 24F, chapter 140, § 97; chapter 255B, § 3, chapter 255C, § 6; chapter 255D, §3; chapter 255E, § 8; and their implementing regulation 209 CMR 48.00. **It is understood that, without the prior written approval of this Plan by the Commissioner of Banks, hardcopies of records must be maintained within Massachusetts and available for examination at an office in Massachusetts.**

Name of Applicant/Licensee _____ Lic # _____

Main Office Address _____

City/Town _____ State _____ Zip _____

Contact Person for questions on this Plan _____

Telephone (____) _____

Location(s) where you intend to keep records (if different from above)

Address _____

City/Town _____ State _____ Zip _____

PART - A - LOCATION OF EXAMINATION
(Please complete section 1 for a Massachusetts exam or section 2 for exam outside Massachusetts)

1. The applicant/licensee requests approval to maintain books, accounts, and records outside Massachusetts, but will send same to Massachusetts for examination purposes. Licensee agrees to pay all costs of delivery and return of records and will provide office space for the examination.

Would you prefer to have the examination done at an office of the Division of Banks? Yes ____ No ____
(If Yes, Part A is complete. Proceed to Part B, if applicable, and then sign the Certification.)

Name of Business at Location _____

Contact Person at Location _____

Address _____

City/Town _____ State MA Zip _____

Office Hours _____

Describe space available for examination _____

Are the building and facilities handicap accessible? Yes _____ No _____

Will any office(s) be maintained in Massachusetts? Yes _____ No _____

PART - A - LOCATION OF EXAMINATION (continued)

2. The applicant/licensee requests approval to maintain books, accounts, and records outside Massachusetts and additionally requests that the examination be conducted at the location(s) where the records will be kept.
NOT APPLICABLE FOR NEW APPLICANTS/LICENSEES

Office hours _____

Describe space available for conducting examination _____

Are the building and facilities handicap accessible? Yes _____ No _____

An out-of-state examination will be conducted for the convenience of the licensee. The Division expects reimbursement for the additional expenses for examiners' air/train/bus fares, hotel accommodations, motor vehicle rentals, private motor vehicle mileage, as well as a per diem compensation for any compensatory time required to be awarded an examiner under a collective bargaining agreement. Does the applicant/licensee agree to reimburse the Division for expenses in excess of what an examination in Massachusetts would cost?

Yes _____ No _____

Will any office(s) be maintained in Massachusetts? Yes _____ No _____

PART B - RECORDS TO BE MAINTAINED IN OTHER THAN HARDCOPY

The applicant/licensee requests approval to record, copy or reproduce books, accounts, and records in photographic, electronic, or other forms other than hardcopy, pursuant to 209 CMR 48.05, and will provide equipment necessary to access records for the purpose of examination.

Describe how books, accounts, and records will be maintained _____

Describe how books, accounts, and records will be made accessible to the Division for the purpose of an examination.

CERTIFICATION

I, _____, a duly authorized officer of
(name and title)

(applicant/licensee)

agree to maintain the books, records, and accounts of the applicant/licensee in compliance with this Record Keeping Plan, which is submitted to the Massachusetts Division of Banks pursuant to regulation 209 CMR 48.00.

(signature)

(date)