

**MORTGAGE BROKER
SPECIAL DEPOSIT BOND
STATE OF SOUTH CAROLINA**

Bond Number _____

Effective Date _____

KNOW ALL MEN BY THESE PRESENTS, That the undersigned _____
Name of Managing Principal/Owner/Authorized Officer
as authorized by principal _____ and the undersigned _____
Name of Mortgage Broker Company and d/b/a Name of Surety's Agent

as authorized by surety _____ are firmly held and bound unto the Administrator of the Department of
Name of Surety Company
Consumer Affairs of the State of South Carolina in full and just sum of \$ _____ dollars, to which payment we bind
ourselves and our respective successors and assigns jointly and severally.

Sealed with our seals and dated at _____ this _____ day of _____ in the year of our
Lord two thousand and _____.

WHEREAS, Section 40-58-40 of the Code of Laws of South Carolina, 1976, as amended, requires that a mortgage
broker deposit and thereafter continuously maintain a bond in the amount of \$ _____ dollars. The bond is to be
executed by a surety company authorized by the laws of this State to transact business in South Carolina and must be for
the use of the State as well as any consumers who have a cause of action against the mortgage broker.

AND WHEREAS, the _____ aforesaid, desires to transact business within the State of South
Carolina in accordance with the terms of its laws and to deposit with the Administrator a good and solvent bond in the sum of
\$ _____ dollars, does by this instrument furnish that bond.

NOW THEREFORE, the condition of this bond is such that if the above principal has failed to comply with the
Licensing of Mortgage Brokers Act, S.C. Code § 40-58-10 et seq. or has failed to provide contracted mortgage broker
services to customers as determined by the Administrator after notice and opportunity for hearing, then we the Beneficiary
(South Carolina Department of Consumer Affairs) are entitled to the sum of \$ _____.

PROVIDED, HOWEVER, that liability hereunder may be terminated either (a) by written notice from the surety to the
Administrator that liability shall terminate upon the expiration of forty five (45) days from the date of such notice, or (b) upon
written authorization mailed to the surety by the Administrator.

IN WITNESS whereof the principal and surety have set their hands and affixed their seals in the manner and form
following:

| | |
|---|--|
| In presence of witnesses as to principal: | Name of Principal: |
| (1) _____ | _____ |
| (2) _____ | By: _____ |
| | President (Officer)/Managing Principal |

| | |
|--|--------------------------------------|
| In presence of witnesses as to surety: | Name of Surety: |
| (1) _____ | _____ |
| (2) _____ | By: _____ |
| | President (Officer)/Attorney in fact |

EXECUTION BY PRINCIPAL AND SURETY MUST BE PROBATED ON REVERSE SIDE.

WITNESS AS TO PRINCIPAL

STATE OF _____,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____
and made oath that he/she saw the within named _____
represented by _____ sign, seal, and deliver the within Bond, and
that he/she with _____ subscribed their names as witness thereto.

Witness number one (see front of bond)

Witness Number two (see front of bond)

Sworn to and subscribed before me this
_____ day of _____
A.D., 20____.

To be signed by witness one or two (see front of bond)

(L.S.)
Notary Public

WITNESS AS TO SURETY

STATE OF _____,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____
and made oath that he/she saw the within named _____
represented by _____ sign, seal, and deliver the within Bond, and
that he/she with _____ subscribed their names as witness thereto.

Witness number one (see front of bond)

Witness Number two (see front of bond)

Sworn to and subscribed before me this
_____ day of _____
A.D., 20____.

To be signed by witness one or two (see front of bond)

(L.S.)
Notary Public

Persons executing for the Surety, other than corporate officers, must attach a Power of Attorney authorizing such person to execute surety bonds for the Surety.

Mailing Address of the Surety

Tel. No. _____

Mailing Address of the Department of Consumer Affairs

Department of Consumer Affairs
P.O. Box 5757
Columbia, South Carolina 29250-5757
Telephone Number 803-734-4200

NAME, ADDRESS AND TELEPHONE NUMBER OF SURETY CONTACT IN THE EVENT A CLAIM MUST BE FILED.

NAME: _____
TITLE: _____
ADDRESS: _____

(CITY, STATE AND ZIP CODE)
E-MAIL: _____
TEL. NO. _____
FAX NO. _____