



# LOAN SERVICING SETUP FORM

(Complete one Form per Investor/Lender)

Date: \_\_\_\_\_

Select Program:  STANDARD  SPECIALTY Full Collection  SPECIALTY Limited Collection  SPECIALTY Basic Performing

**Include, or arrange for, the LOAN SETUP FEE (per Loan) listed under the Website Program Tabs.**

## INVESTOR/LENDER INFORMATION

Lender Account Number: \_\_\_\_\_ (only if existing Client)

Company: \_\_\_\_\_ Contact Name(s): \_\_\_\_\_, \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security /Tax ID #: \_\_\_\_\_ for first listed name. Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have loans current or past, with FCI?  Yes  No Investor's exact dollar ownership of this loan: \$ \_\_\_\_\_

Other Authorized Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Fill this out only if this is new information not already on file:**

Upon Receipt of Funds from Payor, Electronically Deposit Funds (by ACH daily) into the following account:

Name of Primary Bank: \_\_\_\_\_ Type of Account:  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

## OR ONLY WITH SPECIAL APPROVAL

Upon Receipt of Funds from Payor, Trust Checks mailed weekly upon clearing to the above address (**additional \$2 charge**).

## BROKER or ORIGINATOR INFORMATION

Contact Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Contacts: \_\_\_\_\_

**Fill this out only if this is new information not already on file:**

Broker/Originator License #: \_\_\_\_\_, OR stating are exempt from licensure: \_\_\_\_\_ (signature)

**Only if you are receiving disbursements other than as INVESTOR/LENDER** (such as a Spread on a Note Rate/Sold Rate or a Broker Servicing fee) then Electronically Deposit those Funds (by ACH daily) into the following account:

Name of Primary Bank: \_\_\_\_\_

Type of Account:  Checking  Savings Social Security/Tax ID Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**PAYOR/BORROWER INFORMATION**

Primary Borrower: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ SS/Tax I.D. #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Co-Borrower \_\_\_\_\_ SS /Tax I.D. #: \_\_\_\_\_  
Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Property Type:  Residential  Commercial  Land  Mobile Home  Unsecured Loan  Others: \_\_\_\_\_  
**Loan Is:** Residential Property  Yes  No Borrower's Primary Residence  Yes  No Business Purpose Loan  Yes  No

**INFORMATION ON OBLIGATION (the Loan)**

**Check all that apply:**

1<sup>st</sup> TD /Mtg  2<sup>nd</sup> TD /Mtg  HELOC  Variable  Fixed  Interest Only  MERS  Neg. Am.  HAMP  
 In Bankruptcy  In Foreclosure  On Forbearance Plan  Modified  Pre Pay Penalty  Other: \_\_\_\_\_

**Is Borrower in negotiation on a Loan Mod or Forbearance Plan?**  Yes  No (provide supporting materials)

**Only if in Bankruptcy:** Counsel Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Only if in Foreclosure:** Counsel/Trustee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Only if an existing Loan:** Previous Servicer's Loan Number: \_\_\_\_\_

**Only if Construction/Loan Proceeds Holdback:**  Set up Loan at Full Amount  Set up Loan at initially Disbursed Amount

**Only if Newly Originated:** Odd Day's Interest (if any): \$ \_\_\_\_\_ Prepaid Payments/Interest (if any): \$ \_\_\_\_\_

Escrow/Impound Balance:\$ \_\_\_\_\_ Suspense Balance:\$ \_\_\_\_\_ Short First Payment:  Yes  No

Funding Date: \_\_\_\_\_ Next Payment Due Date: \_\_\_\_\_ HELOC First Draw Date: \_\_\_\_\_

Original Loan Amount:\$ \_\_\_\_\_ Current Principal Balance:\$ \_\_\_\_\_

Late Fee is \_\_\_\_\_ after \_\_\_\_\_ days. Default Rate is \_\_\_\_\_ after \_\_\_\_\_ days Default Rate Replaces Late Fee?  Yes  No

**Notify** FCI when to Active Default Rate **OR**  **Activate** Default Rate at Setup

Amount of Payment:\$ \_\_\_\_\_ consisting of Prin:\$ \_\_\_\_\_ Int:\$ \_\_\_\_\_ Tax:\$ \_\_\_\_\_ Ins:\$ \_\_\_\_\_

Payments:  Monthly  Quarterly  Other: \_\_\_\_\_

Note Maturity Date: \_\_\_\_\_ Amortization Period (if different than Maturity Date): \_\_\_\_\_

Adjustable Interest Change Date (if any): \_\_\_\_\_ Adjustable Payment Change Date(if any): \_\_\_\_\_

Pre Pay Penalty Expiration Date (if any): \_\_\_\_\_ Pre Pay Penalty Terms(if any): \_\_\_\_\_

Loan Mod Expiration Date (if any): \_\_\_\_\_ Deferred Balance (if any) of Principal: \$ \_\_\_\_\_ Int: \$ \_\_\_\_\_

**Note Interest Rate:** \_\_\_\_\_ % **SOLD Interest Rate (to Investor/Lender):** \_\_\_\_\_ % **OR Broker SERVICING FEE:** \_\_\_\_\_ %

If Broker takes a % Spread or Servicing Fee, then the FCI Servicing Fee is deducted from:  Broker  Investor

Escrow/Impounds for Taxes and/or Insurance included in Borrower payment:  Yes  No

**Only if "YES"** then be sure to include information listed on the Loan Servicing Checklist (Transmittal Form #1)

Late Fee Disbursement: FCI: \_\_\_\_\_ % Broker: \_\_\_\_\_ % Lender: \_\_\_\_\_ % Other: \_\_\_\_\_

Default Rate Disbursement: FCI: \_\_\_\_\_ % Broker: \_\_\_\_\_ % Lender: \_\_\_\_\_ % Other: \_\_\_\_\_

Prepayment Penalty: Broker: \_\_\_\_\_ % Lender: \_\_\_\_\_ % Other: \_\_\_\_\_

**LOAN SERVICING SETUP FEE**

|   |  |
|---|--|
| <b>LOAN SETUP for Fixed Rate, Single Lender, non escrow/impound</b>                                       | \$45 per Loan for 1 - 9 Loans<br>\$25 per Loan for 10+ Loans submitted at one time |
| <b>LOAN SETUP for more than one Lender</b>  | Add \$10 per Lender  |
| <b>LOAN SETUP for ARM/HELOC - Performing</b>  | Add \$5 per Loan   |
| <b>LOAN SETUP for ARM/HELOC - Delinquent</b>  | Add \$15 per Loan  |
| <b>LOAN SETUP for Loans with Escrow/Impounds</b>  | Add \$15 per Loan  |
| <b>LOAN SETUP with <u>active</u> Default Rate</b>   | Add \$15 per Loan  |
| <b>LOAN SETUP for Active Bankruptcy, Forbearance Plan, Complex Loans &amp; Complex Loan Modifications</b> | \$150 per Loan   |
| <b>LOAN SETUP for Partial Note Sale (Hypothecation)</b>   | \$75 per Loan  |

The **SETUP FEE** for this loan is: \$ \_\_\_\_\_ Paid by:  Broker/Originator  Lender

- Pay by check     
  Take from 1<sup>st</sup> distribution (Performing Loans **only**)     
  Billed     
  Pay by Credit Card (phone)  
 Pay thru **existing** Customer Login

**NOTE: There is a \$150 per hour Data Research Fee for missing documents or information if FCI agrees to research missing documents or information.** Fees earned by FCI may be deducted from Client/Lender's proceeds, charged to a Client Credit Card, deducted from an established expense Reserve Account, or be billed separately, as determined by FCI.

All persons or entities to whom the above described obligation is owed ("Client") must sign this form and hereby authorize and instruct FCI to service the Notes and Deeds of Trust, Mortgages or Instruments described above, and to collect and disburse proceeds received in accordance with the programs and fee structures outlined on FCI's web page located at [www.trustfci.com](http://www.trustfci.com).

Client shall indemnify, defend and hold Servicer and its officers, directors, parent companies, affiliates, subsidiaries, successors and assigns harmless from any and all claims, demands, causes of action, losses, damage, fines, penalties, liabilities, costs and expenses, including reasonable attorney's fees and court costs, sustained or incurred by Servicer by reason of or arising directly from third party claims or actions that were caused by or resulted from (A) any actions or omissions in respect of any loan or property of any prior servicer, sub-servicer, owner or originator of a loan or property, and/or (B) taking any action, or refraining from taking any action, with respect to any loan or property, that result from the malfeasance, willful misconduct or gross negligence of Client, Client's sub servicers, contractors, or agents, or from the failure of the Client to provide Servicer the originals of any loan documents in order to allow Servicer sufficient time to timely process satisfactions, payoffs and releases, and/or (C) any and all liability related to the information provided by Client and contained herein, or provided separately by Client, and the accuracy of such information.

\_\_\_\_\_  
Investor/Lender **Authorized Signatory** Signature

\_\_\_\_\_  
Investor/Lender **Authorized Signatory** Signature

\_\_\_\_\_  
Investor/Lender **Authorized Signatory** Print Name

\_\_\_\_\_  
Investor/Lender **Authorized Signatory** Print Name

\_\_\_\_\_  
Broker or Entity Company Name

\_\_\_\_\_  
Broker or Entity Signature

\_\_\_\_\_  
Broker or Entity Print Name



# FORECLOSURE PREVENTION ALTERNATIVES

Date: \_\_\_\_\_

Loan Reference Number or Name: \_\_\_\_\_

Lender Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

***This Form must be included in the setup Package for all Loans.***

Select **Option 2** or **Option 3** below for **Mortgage Loans that are secured by Residential Property, are the Borrower's/Consumer's Primary Residence, and are not Business Purpose Loans.** Select **Option 1** below if these do not apply to the Loan(s).

Servicers are required to make specific responses to Borrower/Consumer written loss mitigation applications regarding the "Foreclosure Prevention Alternatives" their Lender is, or is not, willing to offer.

**The Lender may legally offer NO "Foreclosure Prevention Alternatives" as a general policy, however Lenders must be consistent in what they offer, or do not offer, to all Borrowers/Consumers.** A specific response to a specific Borrower's/Consumer's request is separate from what a Lender offers as a general policy. Even though a Borrower/Consumer may request assistance or a specific "Foreclosure Prevention Alternative", **it is legal to say "No" to their requests.**

**Option 1:**

"Foreclosure Prevention Alternatives" do not apply to this Loan (these Loans).

**Option 2:**

No "Foreclosure Prevention Alternatives" are offered.

**Option 3:** The following "Foreclosure Prevention Alternatives" are offered (check all that apply). **NOTE: there is a \$150 fee for the Servicer Required response to a Borrower written loss mitigation application, unless the Loan is on the Specialty Loan Servicing Full Collection Program.**

- Reduced Interest Rate
- Short Sale
- Short Payoff
- Reduced Monthly Payment
- Deed-in-Lieu of Foreclosure
- Loan Maturity Extension
- Temporarily Modified Loan Terms
- Principal Reduction (deferred or waived)
- Capitalization of Delinquent Payments (spread out over time)

\_\_\_\_\_  
Investor/Lender **Authorized Signatory** Signature

\_\_\_\_\_  
Broker or Entity Signature

\_\_\_\_\_  
Investor/Lender **Authorized Signatory** Print Name

\_\_\_\_\_  
Broker or Entity Company Name



## Optional Insurance Services Form



### Insurance Tracking-Automatic Coverage-Discounted Force Placed

*Submit one time for each Lender Entity (not needed for each Loan in the Lender Entity)*

This program is only for FCI servicing clients, and provides:

- Real-Time Hazard Insurance Tracking (track expirations and cancellations)
- Immediate Blanket Insurance Coverage for program activated loans
- CFPB mandated compliant Borrower Letters to inform of insurance lapse
- Competitively Force/Lender Placed Insurance when necessary
- Program available for most 1st position Residential and Commercial Loans

FCI and OSC have retained industry veteran Ross Diversified Insurance Services to explain the options available to Lenders. Options may vary with your particular business model and Loan types. This optional service for FCI clients puts in place important checks, balances and coverage so your properties are appropriately protected. This program allows Lenders to work directly with the Insurance Company separate from any involvement with FCI.

**Note to Broker/Originators: This Form can only be signed by the Lender of Record. Please review this with your Lender before Setup.**

**Note to Lender of Record: The Lender must provide insurance information to OSC as part of the signup process, (FCI does not provide such information to OSC).**

**Excluded Loans: Fractionalized or Participation Loans, Junior Loans, and REOs are not eligible for this program. A separate Discounted Insurance and Force Placed Program IS AVAILABLE for these.**

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In consideration of our participation in the FCI/OSC Insurance and Tracking Program for **all qualified 1<sup>st</sup> Lien Mortgage Loans** for our Lender Entity in FCI Servicing, **I/we hereby choose to:**

(A) **CONTACT** Ross Diversified Insurance Services (Ross) at (800) 210-7677 or [byoung@ross2.com](mailto:byoung@ross2.com) to discuss Real-Time Hazard Insurance Tracking, Immediate Blanket Insurance Coverage, competitively priced Force/Lender Placed Insurance, and related Preferred Insurance Pricing Options on all qualified 1<sup>st</sup> lien mortgage Loans in FCI servicing. **Contact must be made within 10 days** or OPT-OUT below, including disclosures, will automatically apply.

(B) **OPT-OUT** of the Real-Time Hazard Insurance Tracking, Immediate Blanket Insurance Coverage program on all loans in FCI servicing. I/we hereby release and hold harmless FCI, OSC, and Ross, its employees, agents, affiliates, and officers from any and all claims, demands, damages, actions, causes of action or suits of any kind whatsoever arising out of or in any way relating to any and all injuries and damages of any kind, both to person and property as a result of or in any way relating to not participating in this optional insurance and tracking coverage offering for my/our portfolio. I/we further understand that unless I/ we elect to contact Ross Diversified Insurance Services within 10 days of Loan Servicing Setup to discuss program participation, and sign up, none of my/our Loans will be insured under this Real-Time Hazard Insurance Program.

**I/WE HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I/we understand that my/our participation is strictly voluntary and I/we have no obligation to do so. I/we understand the risks of not participating in this optional program.**

Lender Account Full Name: \_\_\_\_\_

Lender Account Number: \_\_\_\_\_

Authorized Signature:

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_