

## Instructions Page

### Purpose

Servicers of MPF Xtra loans must use this form to reconcile the collections remitted for the previous accounting cycle with the activity reported in accordance with MPF Xtra Servicing Guide Chapter 2.

### Preparation

- **When** – The Servicer must complete the form as funds are remitted to the MPF Bank. A completed form is required every month for the previous accounting cycle and must be included in the monthly report package.
- **Who** - This form must be completed by an employee of the Servicer who has responsibilities that would cause such individual to be knowledgeable of the facts and processes needed to complete this form and has authority to certify to the truthfulness and accuracy of the information on this form.
- **How** – This form may be completed electronically.

*Time Period Covered* - the first business day of the prior month through the last business day of the prior month.

Enter each day's collections posted and subsequently transferred to the FHLB DID Remittance Account from the first Business Day of the prior month through the last Business Day of the prior month. All collections should be aggregated by date posted and be net of Servicing Fees.

### Submission

- **When** – The Servicer must submit the completed form by 12:00pm (noon) ET on the first (1<sup>st</sup>) Business Day of each month.
- **How** – The completed form must be uploaded to ServicerConnect at <http://www.ServicerConnect.com> using the following naming convention – PFI#\_SG301X\_MMYYYY.
- **To Whom** – The completed form must be submitted to the Master Servicer.

The Servicer should retain a copy of the completed form for their own records.

### Assistance

Please email the Master Servicer at [CTSFHLBLoanAccountingTeam@WellsFargo.com](mailto:CTSFHLBLoanAccountingTeam@WellsFargo.com) for any questions or assistance needed in completing the form.

Please email the MPF Investor Accounting Team at [mpfinvestoraccounting@fhlbc.com](mailto:mpfinvestoraccounting@fhlbc.com) if there is a shortage/deficit in the Difference column (last column). All shortages must be cleared daily.

### Helpful Hints

- fTAR is the final turnaround report.
- Servicers should ensure they have internal policies and procedures to address discrepancies between the values reported to the Master Servicer and the values provided on this form.
- If there is a shortage/deficit in the Difference column (last column), please research to determine the cause as soon as possible and ensure there is not an overdraft\*. A wire or same day ACH is required in order to clear any overdrafts same day. If you need assistance in identifying the cause, please email the MPF Investor Accounting Team at [mpfinvestoraccounting@fhlbc.com](mailto:mpfinvestoraccounting@fhlbc.com).

\*The MPF Program reserves the right to charge overdraft fees if overdrafts persist.

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# MPF Xtra<sup>®</sup> Monthly Remittance Recap (Form SG301-X)



## PFI/Servicer Information

PFI Number: \_\_\_\_\_ Servicer Name: \_\_\_\_\_

## Product Information

This form is used for the MPF Xtra product only.

## Monthly Remittance Recap

Time Period Covered: \_\_\_\_\_

| Date Payments Posted to Mortgage Loans | Date wire or ACH sent to FHLB DID Account | Daily Remittance Amount | Total Cumulative Monthly Remittance Amount | iTAR Total Remittance Amount (Sum of total cash reported) | Difference (Total Cumulative Monthly Remit vs Activity reported/iTAR amount) |
|--|---|-------------------------|--|---|--|
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Total Remittance Activity for Calendar Month: \_\_\_\_\_

Note: To assist with calculations, there is an excel version (with formulas) of the above grid posted on the MPF Guides webpage.  
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| Remittance Summary        | Amount |
|---------------------------|--------|
| Total Principal (fTAR)    | +      |
| Total Net Interest (fTAR) | +      |
| Cash Adjustment (fTAR)    | +/-    |

Remittance fTAR: \_\_\_\_\_

If the Total Remittance Activity for the Calendar Month does not equal the Remittance from the fTAR, explain the difference and provide:

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

Explanation: \_\_\_\_\_

## Employee Information

By submitting this form, I certify that the information contained herein is true and accurate.

Printed Name of Employee Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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