

Form SG342

Instructions Page

Purpose

Servicers of MPF® Traditional, MPF Xtra®, and MPF Government MBS loans must use this form to notify the MPF Provider when a property insurance loss has occurred in accordance with MPF Traditional Servicing Guide Chapter 4, MPF Xtra Servicing Guide Chapter 4, and MPF Government MBS Servicing Guide Chapter 4.

Preparation

- When: The Servicer must submit this form in accordance with the Guides for the following scenarios:
 - If the Insurance Proceeds are greater than \$40,000 and the Servicer is requesting approval to disburse funds,
 - o If the Mortgage Loan is 31 or more Days Delinquent, or
 - o If the Mortgaged Property is located in an area affected by a Major Disaster.
- 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: The form may be completed electronically.
- **Attachments:** The completed form must be accompanied with the following documentation that supports the Servicer's recommendation:
 - For all Property Losses that require submission of an SG342, Servicers must include:
 - Insurance Adjustor's Report,
 - Copy of the Settlement Check (Front and Back)
 - Contract for repairs, and
 - Inspection showing completion of the repairs to date (pictures and an attestation of completion of the work from the PFI or the contractor on the PFIs letterhead).

Submission

- When: The Servicer must submit the completed form and supporting documentation in accordance with Chapter 4 of the Servicing Guides.
- How: The <u>Servicer</u> must submit the completed form and any supporting documentation through eMAQCSplus at https://eMAQCS.covius.com.
- To Whom: The completed form must be submitted to the MPF Provider.

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

Additional Guidance

Please contact the MPF Service Center by using one of the following options for any questions or assistance:

MPF Customer Service Portal

• Email: MPF-Help@fhlbc.com

• Phone: (877) 345-2673

Helpful Hints

- Decisions regarding the amount and timing of disbursements must be made based on the status of the Mortgage Loan at the time of the loss event in accordance with MPF Traditional Servicing Guide Chapter 4, MPF Xtra Servicing Guide Chapter 4, and MPF Government MBS Servicing Guide Chapter 4.
- Servicers must request the MPF Provider's written approval pursuant to MPF Traditional Servicing Guide Chapter 4, MPF Xtra Servicing Guide Chapter 4, and MPF Government MBS Servicing Guide Chapter 4.
- If property was damaged as a result of natural disaster, the Servicer must comply with the requirements in MPF Traditional Servicing Guide Chapters 4 and 8, MPF Xtra Servicing Guide Chapters 4 and 8, and MPF Government MBS Servicing Guide Chapters 4 and 8.

PFI/Servicer Information		
PFI Number:	Servicer Name:	
Loan Information		
	Borrower Name: Next Payment Due:	
Occupancy: Occupied [
Product Information		
Choose one product per form: Product: □ MPF Traditional □ MPF Xtra □ MPF Government MBS		
Property Insurance Loss Inform	mation	
Select Reason for Submission (select all that apply):		
☐ The Insurance Proceeds are greater than \$40,000.00		
☐ The Mortgage Loan is 31 or more days delinquent		
\square The Mortgaged Property is located in an area affected by a Major Disaster		
List Major Disaster if applicable:		
□ Other:		
Date Claim was Submitted to Insurance Company:		
Total Insurance Claim Amount: \$		
Portion of claim to be disbursed: \$ Describe cause and nature of damage: Servicer's recommendation, including the disbursement amount:		
Attachments/Supporting Documentation		
Are supporting documents attached? ☐ Yes ☐ No		
List any supporting documents and/or any missing documents and provide an explanation for any missing documents:		

Subsequent Disbursement Requests			
Total Insurance Claim Amount: \$			
Total Amount of Claim Disbursed Thus Far: \$			
Total Amount of Current Disbursement Request: \$			
Date of Servicer Recommendation:	Servicer Recommendation:		
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:		

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