

Instructions Page

Purpose

Selling Servicers and Assuming Servicers must use this form to request approval from the Assuming Servicer's MPF Bank and the MPF Provider for a concurrent sale of servicing transfer involving MPF Xtra loans in accordance with MPF Xtra Selling Guide Chapter 17.

Preparation

- **When** – The Selling Servicer and Assuming Servicer when requesting approval for a concurrent sale of servicing transfer involving MPF Xtra loans.
- **Who** - This form must be completed by employees of the Selling Servicer and Assuming Servicer who are specifically designated on the most recent Delegation of Authority.
- **How** – The form may be completed electronically.
- **Attachments** – This form may be completed in PDF format, with the exception of the signatures, which must be ink-signed.

Submission

- **When** – The Selling Servicer and Assuming Servicer must submit the completed form prior to executing any Master Commitment or addendum to the Applicable Agreement.
- **How** – The Selling Servicer and Assuming Servicer must email the completed form to Assuming Servicer's MPF Bank and to MPF-Help@FHLBC.com
- **To Whom** – The completed form must be submitted to the Assuming Servicer's MPF Bank and the MPF Service Center.

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

Assistance

Please contact the Assuming Servicer's MPF Bank representative for any questions or assistance needed in completing the form.

Helpful Hints

- The Selling Servicer and the Assuming Servicer are responsible for entering into a Sale of Servicing Agreement with each other.

MPF Xtra® Servicing Transfer Notice (Form SG361-X)



Selling Servicer Information

PFI Number: _____ Servicer Name: _____

Assuming Servicer Information

PFI Number/Servicer ID: _____ Servicer Name: _____

Product Information

This form is for the MPF Xtra product only.

MPF Bank Information

Assuming Servicer's MPF Bank: Federal Home Loan Bank of _____

Employee Information

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

Printed Name of Employee of Selling Servicer Completing Form: _____

Signature: _____

Title: _____

Email: _____

Phone Number: _____

Date Submitted: _____

Printed Name of Employee of Assuming Servicer Completing Form: _____

Signature: _____

Title: _____

Email: _____

Phone Number: _____

Date Submitted: _____

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