

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.

Additional Guidance

For questions or assistance regarding this Form please contact the MPF Service Center by using one of the following options:

- [MPF Customer Service Portal](#)
- Email: MPF-Help@fhlbc.com
- Phone: (877) 345-2673

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

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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