

Instructions Page

Purpose

Servicers of MPF Traditional, MPF Xtra, and MPF Government MBS loans must use this form to reconcile the custodial buydown accounts in accordance with MPF Traditional Servicing Guide Chapter 2, MPF Xtra Servicing Guide Chapter 2, and MPF Government MBS Servicing Guide Chapter 2.

Preparation

- **When** – The Servicer must complete the form monthly.
- **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** – Servicers must complete this form or an equivalent form generated by their service provider that provides the same data.

Time Period Covered :

MPF Traditional and MPF Xtra- the first business day of the prior month through the last business day of the prior month.

MPF Government MBS - the first day of the prior reporting month through the monthly reporting cycle cut-off date.

Section A Reconciliation of Cash Ledger to Depository Account Statement – This section provides a summary of the monthly activity for the Custodial Buydown Account. Complete the numbered items in the table as stated.

Section B Proof of Cash Ledger Ending Balance – Enter reserves and any deposits that occurred during the reporting cycle. For any items listed as “other”, please provide an explanation of the amount and attach supporting documentation. The “total net reserves” in section B should equal the ending cash ledger balance in the account (section A line 5).

- **Attachments** – The completed form must be accompanied by:
 - Custodial Buydown Account bank statement for the month the reconciliation is being completed
 - Proof of cash breakdowns
 - Supporting documentation for items listed under “other”

Submission

- **When** – The Servicer must retain the completed form and supporting documentation in their files.
- **How** –Email the completed form and supporting documentation upon request to MPFInvestorAccounting@fhfbc.com.
- **To Whom** – The completed form and supporting documentation must be submitted upon request to the MPF Investor Accounting Department.

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

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Assistance

Please email MPF Investor Accounting at MPFInvestorAccounting@fhlbc.com for any questions or assistance needed in completing the form.

Helpful Hints

- MPF Investor Accounting will perform an annual review of Custodial Account Reconciliations and will request this form along with any attachments and supporting documentation.

Custodial Buydown Account Reconciliation (Form SG322)



PFI/Servicer Information

PFI Number: _____ Servicer Name: _____

Product Information

Choose one of each category per form:

Product: MPF Traditional MPF Xtra MPF Government MBS

Remittance Type: Actual/Actual Actual/Actual Single Scheduled/Scheduled

Body of Form

Time Period Covered: _____ Account #: _____

A. Reconciliation of Cash Ledger to Statement		
1.	Cash Ledger Balance Forward (Line 5, Last Month)	+ _____
2.	Collections	+ _____
3.	Disbursements	- _____
4.	Cash Ledger Adjustments	+ _____
5.	Ending Cash Ledger Balance	= _____ (1)
6.	Deposits in Transit	- _____
7.	Depository Adjustments	+ _____
8.	Depository Balance	= _____ (2)

- Notes:
- Line 5 from Table A must equal Line 3 from Table B (Total Net Reserves)
 - Line 8 from Table A for pool reported must equal month-end statement for Custodial Account for reserves. If funds are on deposit in both an interest bearing and non-interest bearing account, both statements must be combined to reconcile to Line 8 from Table A.

B. Proof of Cash Ledger Ending Balance (Line A5)		
1.	Buydown Reserves	+ _____
2.	Other Deposits (Specify): _____ _____ _____	+ _____ + _____ + _____ + _____
3.	Total Net Reserves (Lines 1+2)	= _____
4.	Memo: Reserve Funds on Deposit in Interest Bearing Account (as per statement)	

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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:

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: _____

Signature

MPF Government MBS Servicers ONLY

Signature: _____