

Instructions Page

Purpose

Servicers of MPF Xtra loans must use this form to request approval to change the investor reporting method used for the MPF Xtra product in accordance with MPF Xtra Servicing Guide Chapter 2.

Preparation

- **When** – The Servicer must complete the form when requesting approval to change to the investor reporting method used for the MPF Xtra product.
- **Who** - The 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.

Submission

- **When** – The Servicer must submit the completed form at least 45 days prior to the 1st day of the month in which the reporting method would change.
- **How** – The Servicer must email the form to CTSFHLBLoanAccountingTeam@WellsFargo.com
- **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 for any questions or assistance needed in completing the form.

Helpful Hints

- The Servicer must continue reporting using their current method until they receive approval and written confirmation of the effective date of change from the Wells Fargo, the Master Servicer.

MPF Xtra® Investor Reporting Change Request (Form SG370-X)



PFI/Servicer Information

PFI Number: _____ Servicer Name: _____

Product Information

This form is for the MPF Xtra product only.

MPF Xtra Investor Reporting Method Change Request

Current Reporting Method: _____

New Reporting Method Requested: _____

Effective Date Requested for New Reporting Method: _____

Reason for Changing Reporting Method: _____

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: _____

DO NOT COMPLETE – MASTER SERVICER USE ONLY

Approved Effective Date of Reporting Method Change: _____

Rejected Reason for Rejection: _____

Name: _____ Title: _____

Contact Information (Phone/Email): _____