

Atlantic Coast

Mortgage Group, Inc.

WHOLESALE BROKER PACKAGE

APPLICATION PACKAGE - INTRODUCTION

Thank you for your interest in becoming our mortgage lending partner as wholesale broker of Atlantic Coast Mortgage Group, Inc. (ACMGI). One of the ideals that upon which ACMGI was founded is service. As your premier service provider, we offer you a commitment of performance, trust, integrity, values, and ethics as you are truly our partner. As always, ACMGI understands that each partner has different needs based upon your unique operating characteristics, customer base, and marketing efforts.

At ACMGI, our common sense business philosophy is committed to meeting your needs by delivering superior service and investment quality mortgage solutions to our partners in the broker community. Please review the attached package. The following items and all supporting documents will need to be completed and returned:

- Articles of Incorporation
- Application with copy of all applicable state license(s)
- Authorization to release information
- Broker Agreement
- Anti-Fraud Lending Policy
- Consent Form
- Corporate resolution (if applicable)
- FHA Correspondent: Title II Letter and QC Plan
- Financial Statements within the last 6 months (P & L and Balance Sheet) signed by principal(s)
- Resume(s) of principals/corporate officers and broker of record
- Credit report of principal(s) and broker of record

Should you have any questions concerning your application or the approval process, do not hesitate to contact your Account Executive. If you do not know who your account executive is, please contact Ronald G. Leach, Sr. Vice President of Sales at toll free 1-866-481-8611.

Very truly yours,

ATLANTIC COAST MORTGAGE GROUP, INC.

Howard A. Levine, President

Please mail or scan and e-mail to:
Atlantic Coast Mortgage Group, Inc.
Attn: Broker Management
790 E. Broward Blvd. - Suite 302
Fort Lauderdale, FL 33301

brokermgt@acmgi.com (Must mail original signature pages to the address above)

Account Exec. _____

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MORTGAGE BROKER APPLICATION

APPLICATION PACKAGE

Company Name & Address:

Legal Name: _____

[If a corporation, LLC or partnership, enter Company name as filed in your state. If sole proprietor, enter name as individually licensed.]

DBA: _____

[Enter all registered and assumed names under which your company is operating or conducting business]

Jurisdiction(s): _____

[Enter the City, County, or State where all listed DBA's or assumed names have been filed.]

Main Office Address: _____

[Please do not enter a P.O. Box]

City: _____ State: _____ Zip: _____

Main Office Primary Phone: _____ Fax: _____

Company Website: _____

Authorized Preparer:

If the person completing the forms in this application is not the broker of record, an officer or principal of the corporation, LLC, or partnership, please check this box and complete the following:

Full Name of Preparer: _____

Title of Preparer: _____

Phone Number of Preparer: _____

E-Mail of Preparer: _____

Signature of Authorized Preparer: _____

Signature of Authorized Principal: _____

[Broker of Records, corporate officer, managing member of LLC or general partner]

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Production History:

Current Year-to-Date Production Through ____ / ____ / ____			
Product Type	Number of units	Dollar Volume	Percentage
Construction			
Construction to Permanent			
Conforming (FNMA/FHLMC)			
Non-Conforming (Jumbo)			
Non-Conforming (non-prime)			
Government (FHA)			
Government (VA)			
Seconds (closed end)			
Seconds (HELOCS)			
Reverse Mortgage			
Hard Equity			
Other: _____			

Prior Calendar Year Production			
Product Type	Number of units	Dollar Volume	Percentage
Construction			
Construction to Permanent			
Conforming (FNMA/FHLMC)			
Non-Conforming (Jumbo)			
Non-Conforming (non-prime)			
Government (FHA)			
Government (VA)			
Seconds (closed end)			
Seconds (HELOCS)			
Reverse Mortgage			

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Hard Equity			
Other: _____			

Additional Production Data (Most Recent 12-Month Period)			
Channel or Type	Number of units	Dollar Volume	Percentage
Retail			
Wholesale			
Fixed Rate			
Adjustable Rate			
Purchase			
Rate and Term Refinance			
Cash-out Refinance			

Licensing:

Please indicate all state where currently licensed or where an application is pending.

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA
<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH
<input type="checkbox"/> NM	<input type="checkbox"/> NJ	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC
<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY
<input type="checkbox"/> WDC	<input type="checkbox"/> P.R.								

Identify states with a pending application: _____

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State Issued Broker's License(s):

Named Licensee: _____ State: _____

License No. _____ Issued: _____ Expires: _____

Named Licensee: _____ State: _____

License No. _____ Issued: _____ Expires: _____

Named Licensee: _____ State: _____

License No. _____ Issued: _____ Expires: _____

Named Licensee: _____ State: _____

License No. _____ Issued: _____ Expires: _____

Named Licensee: _____ State: _____

License No. _____ Issued: _____ Expires: _____

Note: Check this box and attach list of additional Broker's licenses and/or licenses.

Primary Broker of Record:

Name: _____ Title: _____

Date of Birth: _____ Social Security Number: _____

Phone No.: _____ Fax No.: _____

E-Mail: _____

Note: If the company has more than one broker of record, please check here and attach the details.

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Background Questions:

Questions	Yes	No
Does the company, any broker of record, or any director, officer, member, partner or principal have an ownership interest or other affiliated interest with any appraisal company, appraiser, real estate agent, real estate attorney, realtor company, settlement agent, or title company?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company, any broker of record, officer, member, partner or principal within the company ever been denied, suspended or disqualified by FHLMC, FNMA, a lending institution, HUD, VA, or Wall Street investor/firm?	<input type="checkbox"/>	<input type="checkbox"/>
Is the company, any broker of record, employee, officer, member, partner or principal within the company currently the subject of an investigation by or on the behalf of a government regulator, FHLMC, FNMA, HUD, or VA?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company, any broker of record, employee, officer, member, partner or principal within the company been the subject of any unfavorable findings with regard to mortgage originations, operations or servicing activities, regardless if included in audit, examination, investor report card or post closing audit?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company ever been denied, suspended or disqualified by a private mortgage insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company ever been denied an application for, or suspended or terminated from selling or servicing mortgages by any investor (institutional or government)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company or any director, officer, member, partners or principal of the company currently involved in any type of lawsuit or litigation (including a pending action regardless if an unresolved accusation or pending court or other action)?	<input type="checkbox"/>	<input type="checkbox"/>
Has any broker of record, direct licensee, director, officer, member, partner or principal of the company ever been convicted of or plead nolo contendere in any civil or criminal action relating to fiduciary, financial or other services, or other acts of moral turpitude in a city, state or federal matter?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company or any director, officer, member, partner, or principal had any claims brought against you (either individually or jointly) by a loan applicant (consumer), investor, lender or regulatory entity in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company or any director, officer, member, partner or principal been affiliated with a company or business, or directly as an individual, been the subject or party to a voluntary or involuntary bankruptcy proceeding?	<input type="checkbox"/>	<input type="checkbox"/>

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Please attach a detailed explanation for any "YES" answer to any one of the above questions.		
Is any broker of record or other employed responsible party active in the daily operations of the company and its origination/operation branches?	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have written internal plans, policies, and procedures for the following: I. A quality control system to ensure accuracy, quality and validity of the company's loan submissions to all investors or lenders (regardless if government or institutional)? II. Privacy security to ensure that the non-public information of consumers or customers is protected and safeguarded from abuse, information sharing and theft? Does the plan include a technology security policy? III. Satisfying all requirements of the Patriot Act, consumer identification, FinCen and OFAC (data reporting and file record retention)?	<input type="checkbox"/>	<input type="checkbox"/>
Please attach a detailed explanation for any "NO" answers to any one of the above questions.		

Primary Lender Utilized:

Conforming Lenders: _____

Construction and/or Perm Lenders: _____

Government Lenders: _____

Non-Conforming Lenders: _____

Lender References:

Lender: _____ Phone/Ext. _____

Contact Person: _____ Title: _____

Date Approved: _____ Length of Relationship: _____

Lender: _____ Phone/Ext. _____

Contact Person: _____ Title: _____

Date Approved: _____ Length of Relationship: _____

Lender: _____ Phone/Ext. _____

Contact Person: _____ Title: _____

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Date Approved: _____ Length of Relationship: _____

Agency & Government References:

Please indicate if your company has been approved by any of the following:			
Agency	Yes	NO	Approval or Originator ID No.
Ginnie Mae (GNMA)	<input type="checkbox"/>	<input type="checkbox"/>	
Fannie Mae (FNMA)	<input type="checkbox"/>	<input type="checkbox"/>	
Freddie Mac (FHLMC)	<input type="checkbox"/>	<input type="checkbox"/>	
FHA Correspondent	<input type="checkbox"/>	<input type="checkbox"/>	
FHA Mortgagee	<input type="checkbox"/>	<input type="checkbox"/>	
VA - Approved Agent	<input type="checkbox"/>	<input type="checkbox"/>	
VA - Automatic Approval	<input type="checkbox"/>	<input type="checkbox"/>	
State: _____	<input type="checkbox"/>	<input type="checkbox"/>	

Other:

Please tell us how your heard about Atlantic Coast Mortgage Group, Inc. and on which programs you would like more information:

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AUTHORIZATION TO RELEASE INFORMATION

Company Name: _____

DBA: _____

To whom it may concern:

The above named mortgage brokerage company (Broker) has completed an application with Atlantic Coast Mortgage Group, Inc. (ACMGI) for approval to transact business in accordance with the terms and conditions of the Agreement executed by the Broker and ACMGI. Accordingly, I/we, the undersigned grant ACMGI access to any private and confidential information and documentation that ACMGI deems necessary to complete its due diligence review in accordance with its approval policies and procedures. As such, I/we authorize you (the requested party) to provide to ACMGI (the requestor) all such information, including, but not limited to, employment history, income, bank accounts and similar financial accounts, license checks, background checks, credit reports, civil docket searches, criminal checks and business or personal reference checks. ACMGI may release and provide fax or photocopies of this authorization to any party named either in the Application or who is in possession of the information relating to or in connection with information covered within the scope of this authorization. A copy of this instrument bearing my/our signature(s) carries the same authority as the original. I/we hold ACMGI, officers and employees harmless for furnishing true and correct information.

Signatures (Broker and ALL Principals with greater than 10% ownership)

Broker of Record:

Signature of Broker: _____ Date: _____

Broker's Name (printed): _____ Percentage Owned: _____

Principals:

Signature of Principal: _____ Date: _____

Principal's Name (printed): _____ Title: _____

Signature of Principal: _____ Date: _____

Principal's Name (printed): _____ Title: _____

Signature of Principal: _____ Date: _____

Principal's Name (printed): _____ Title: _____

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ANTI-FRAUD LENDING AGREEMENT

Anti-Fraud Lending Policy:

Company Name: _____

The submission of a mortgage application package containing misrepresented or false information is fraud and a crime punishable under federal, state, and/or local jurisdictions. All mortgage companies and brokers of Record must be informed and aware that they are fully responsible for all action by their authorized representatives, employees, independent contractors, and licensees. All licensed brokers are fully responsible for accuracy, content, and quality of each mortgage application submitted to Atlantic Coast Mortgage Group, Inc. (ACMGI).

Any application package, submitted in the name of the company or broker, containing misrepresented or false information is harmful and damaging to the operations of the company, broker and ACMGI. Closed mortgage loans cannot be sold on the secondary market when they contain fraud. If a fraudulent loan is sold to a secondary market investor, ACMGI will be required to repurchase the fraudulent loan. Fraudulent loans are extremely damaging to ACMGI's reputation with its investors and insurance providers and we will aggressively enforce our position with this policy, including full cooperation with investigation and enforcement authorities.

ACMGI fully understands that fraud is damaging to everyone involved. The price for committing fraud, including simply just looking the other way, is a very high price; and more than just costly. There are two primary types of fraud committed in the mortgage industry. First, is fraud for property. Second, is fraud for profit. ACMGI encourages all mortgage companies and broker to freely share this information with all of its employees.

Examples of the actions or inactions that constitute misrepresented or false information in a mortgage transaction include, but are not limited to, (1) Non-disclosure of material or relevant information regarding the borrower, their information or pertinent information about the transaction; (2) Accepting the identity of a borrower and their personal information without validating their identity or the authenticity of their information and documentation; (3) Allowing multiple owner occupied loan applications for the same borrower(s) to be processed consecutively or simultaneously with the intent to close more than one owner occupied loan; (4) Making false or inaccurate statements or providing false or inaccurate information on a loan application and all supporting information or documentation; (5) failure to perform fiduciary due diligence or failure to obtain or include all information required by the loan application and all

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supporting information or documentation; (6) Forgery of information or documentation or the alteration of accurate information, either fully or partially, regardless if the accurate information or documentation was authentically acceptable; (7) Failure to question information or documentation accepted from the borrower(s) or other relevant parties to the transaction; (8) Submission of information or documentation that was accepted when known to be inaccurate or should have been suspected to be inaccurate; (9) Failure to maintain the integrity of Broker controlled documents or allowing the borrower or other parties with interests in the transaction provide assistance or gain control of documentation; (10) Submission of information or documentation that is inaccurate, false or would falsely entice the funding of a mortgage application package; (11) Employing or engaging in the use of an appraiser under the requirements of obtaining a predetermined or minimum value opinion that is not supported by relevant data; (12) Engaging in the practice of or condoning the conduct under which borrowers receive mortgage loans for which they have no ability to repay using another party to qualify if their stead.

BROKER ACKNOWLEDGMENT:

I, the undersigned Broker of Record for _____ do hereby acknowledge that I have read and fully understand the above policy statement of Atlantic Coast Mortgage Group, Inc. I further acknowledge that as the Broker of Record, I am responsible for the actions of my authorized representatives, employees, independent contractors and/ licensees. I understand that the consequences for misconduct may include criminal prosecution, loss of broker license, civil action by ACMGI, civil action by a borrower or other party to the transaction, loss of access to ACMGI or other lenders due to the exchange of information between data base providers, lenders insurance companies, investors, legal and regulatory authorities. I further understand that ACMGI is a subscriber to the Mortgage Asset Research Institute (MARI) and required to report incidents of misrepresentation or false information or documentation. I agree to hold ACMGI harmless when incidents of misrepresentation or false information or documentation are disclosed and/or reported as required by investor agreements, MARI, and federal, state and local authorities.

Broker of Record Signature: _____ Date: _____

Broker Name (printed): _____

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CORPORATION / LLC / PARTNERSHIP ACKNOWLEDGMENT:

I, the undersigned principal for _____
being a duly authorized representative to act on its behalf, do hereby acknowledge that I have read and fully understand the above policy statement of Atlantic Coast Mortgage Group, Inc. As a duly authorized representative of the above named company, I acknowledge that the company, its principals, officers and directors are responsible for the action of its/our authorized representatives, employees, independent contractors and licensees. I further acknowledge that the company, its principals, officers and directors may be subject criminal prosecution, civil action by ACMGI, civil action by a borrower or other party to the transaction, loss of access to ACMGI or other lenders due to the exchange of information between data base providers, lenders insurance companies, investors, legal and regulatory authorities. I further understand that ACMGI is a subscriber to the Mortgage Asset Research Institute (MARI) and required to report incidents of misrepresentation or false information or documentation. I acknowledge that the company agrees to hold ACMGI harmless when incidents of misrepresentation or false information or documentation are disclosed and/or reported as required by investor agreements, MARI, and federal, state and local authorities.

Authorized Signature: _____ Date: _____

Authorized Name (printed): _____

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CORPORATE RESOLUTION

_____ (Name of Corporation)

The board of directors of the above named corporation convened and held a meeting of the Board, at which time a quorum was present and voting throughout and that on a motion duly made and seconded, such Resolution is now in full force and effect and is in accordance with the provisions of the Charter and/or By-Laws of the Corporation.

RESOLVED That the Board of Directors for the Corporation named above approve the engagement of commerce with Atlantic Coast Mortgage Group, Inc. in a broker and lender relationship in accordance with the terms and conditions of the Broker Agreement.

RESOLVED That _____ (Name), the _____ (Title) of the Corporation is hereby authorized to sign on behalf of the Corporation, any contracts, agreement or form(s) required to conduct business with Atlantic Coast Mortgage Group, Inc.

RESOLVED That _____ (Name), the Secretary of the Corporation is hereby authorized and directed to certify to any interested party that this resolution has been duly adopted, is in full force and effect, and is in accordance with the provisions of the Charter and/or By-Laws of the Corporation. I/we further certify that this Corporation is duly organized and existing, in good standing, and has the power to take action called for by foregoing resolution.

Chairman of Board/CEO/ President

Date

CERTIFICATION:

I HEREBY CERTIFY that a meeting, duly called, by the Board of Directors with a quorum present and acting throughout, the foregoing resolution was adopted and is now in full force and effect.

IN WITNESS WHEREOF, I have signed by name and in the name on behalf of the Corporation this _____ day of _____, _____.

Signature of Corporate Secretary

Date

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TAXPAYER IDENTIFICATION & CERTIFICATION

Under the Federal Income Tax Law, certain vendors receiving payment for services are required to furnish correct taxpayer identification numbers upon request of the payer, which we hereby make. Failure to do so may subject the vendor (payee) to a fifty dollar (\$50.00) penalty imposed by the IRS. The tax law also provides for "backup withholding" at twenty percent (20%) on payments to taxpayers who fail to furnish a correct taxpayer identification number when required to do so.

The payments subject to withholding provision include those made to independent contractors for services rendered, which must be reported to the IRS and the payee on Form 1099. Payments to corporation are presently exempt from the 20% withholding. To avoid having any or our payment to you subject to the 20% withholding tax, you must provide the information requested below and a form W-9 (follows this form) and sign the certification below.

CORPORATION, LIMITED LIABILITY COMPANY, OR PARTNERSHIP

Federal Employee ID Number: _____

INDIVIDUAL OR SOLE PROPRIETORSHIP

Social Security Number: _____

Under penalties of perjury, I certify the following to be true and correct:

1. The number shown on this form is my/our correct Taxpayer ID number; and
2. I/We am/are not subject to backup withholdings either because I have not been notified by the IRS that I am subject to backup withholdings because of my failure to report all interest or dividends, or the IRS has notified me that I am not longer subject to backup withholdings.

Signature: _____

Date: _____

Print Name: _____

Title: _____