

Single-Family Form 1107SF

Seller/Servicer Change Notification Instructions

A Seller/Servicer must submit this form in accordance with the requirements of Chapter 2101 in the *Single-Family Seller/Servicer Guide*.

**We recommend that you complete and submit this form electronically.
You can access the electronic form here:**

<http://www.freddiemac.com/singlefamily/doingbusiness/acctmaintain.html>

Notice: Submission of this form does not constitute Freddie Mac approval of the change. Freddie Mac reserves the right to require additional information.

WHAT TO SUBMIT

Notification of each change must be submitted to Freddie Mac in accordance with the requirements of the *Single-Family Seller/Servicer Guide* (Guide). Please attach additional sheets where necessary when completing this form.

Type of Changes	Submit Section(s)
Institution Name (not a result of an organizational change), address, fiscal year-end, charter, management, external auditor, affiliates, insurance claims or modifications, or a change not covered elsewhere on the Form 1107SF	A
Merger, acquisition, transfer of stock, transfer of assets to non-Freddie Mac approved entities, merger or acquisition of your parent, related servicing relationships	B
Failure, bankruptcy, regulatory actions, Warehouse Lender, management actions, judgments, and new or terminated business relationships	C

WHEN TO SUBMIT

- No less than 75 Business Days prior to a proposed transfer of assets without accompanying liabilities to an entity that is not Freddie Mac-approved OR assets of a mortgage-related function without the transfer of accompanying liabilities to an entity that is not Freddie Mac-approved.
- See Guide Section 2101.9(c) for required timing on reporting of insurance claims or modifications
- See Guide Section 2101.12 for required timing on all other changes.

WHERE TO SUBMIT

Please refer to Guide Section 2101.12 to determine where to submit your Form 1107SF.

When a change in a Seller/Servicer's organization also involves a Transfer of Servicing, the Seller/Servicer must comply with all requirements for a Subsequent Transfer of Servicing in the Guide, including the requirement that the request for approval of the transfer be submitted to Freddie Mac to the address referenced in Guide Section 7101.2 at least 30 Business Days prior to the requested transfer date.

DEFINITIONS

Ownership:

“Minority-Owned Business Enterprise”: A business:

- More than 50 percent of the ownership or control of which is held by one or more minority individuals; and
- More than 50 percent of the net profit or loss of which accrues to one or more minority individuals.

Minority means any Black (or African) American, Native American (or American Indian), Hispanic (or Latino) American or Asian American.

“Women-Owned Business Enterprise”: A business:

- More than 50 percent of the ownership or control of which is held by one or more women; and
- More than 50 percent of the net profit or loss of which accrues to one or more women; and
- A significant percentage of the senior management positions of which are held by women.

“Disabled-Owned Business Enterprise”: A business:

- Qualified as a Service-Disabled Veteran-Owned Small Business Concern as defined in 13 C.F.R. §§ 125.8-125.13; or
- More than 50% of the ownership or control of which is held by one or more persons with a disability; and
- More than 50% of the net profit or loss of which accrues to one or more persons with a disability.

Disability has the meaning defined in 29 C.F.R. § 1630.2(g), § 1630.3 and Appendix to Part 1630 - Interpretive Guidance on Title I of the Americans with Disabilities Act.

Additional categories:

“Service-Disabled Veteran-Owned Business”: A business:

- Not less than 51% of which is owned by one or more service-disabled veterans, or in the case of any publicly owned business; not less than 51% of the stock of which is owned by one or more service-disabled veterans; and
- The management and daily business operations of which are controlled by one or more service-disabled veterans, or in the case of a veteran with a permanent and severe disability, a spouse or permanent caregiver of such veteran.

Service Disabled Veteran has the meaning described by the United States Department of Veterans Affairs at www.vip.vetbiz.gov.

“Gay, Lesbian, Bisexual and Transgender-Owned Business Enterprise (GLBT-Owned Business)”: A business:

- At least 51% of which is owned, operated, managed and controlled by one or more gay, lesbian, bisexual or transgender persons who are either United States citizens or lawful permanent residents;
- That exercises independence from any non-gay, lesbian, bisexual or transgender-owned business enterprise;
- With its principal place of business (headquarters) in the United States; and
- Formed as a legal entity in the United States.

Community-oriented lending institution: An institution that has as a primary mission promoting community development.

Community-oriented lending institutions include, without limitation,

- Community development financial institutions
- Community development corporations
- State and local housing finance agencies or other state and local instrumentalities engaged in financing housing in targeted areas or for targeted populations
- Nonprofit institutions engaged in financing housing in targeted areas or for targeted populations
- Low-income credit unions that serve predominantly low-income members (as defined by the National Credit Union Administration Board pursuant to section 101[5] of the Federal Credit Union Act, 12 USCS § 1752 [5]).

Merger:

Institutions that have been combined with one or more companies through either:

- Pooling of interests (accounts are combined)
- Purchase (amount paid over and above the acquired company’s book value is carried on the books of the purchaser as goodwill)
- Consolidation (new company is formed to acquire net assets of the combining companies)

Note: Mergers are typically combinations in which one of the companies survives as a legal entity.

Acquisition:

An institution taking over a controlling interest in another institution.

Subprime Mortgage: (To be used solely for purposes of completing the Form 1107SF)

A first or second Mortgage secured by real property that is made to Borrowers with significant past or current credit problems or to Borrowers with unconventional borrowing needs, with an original unpaid principal balance that does not exceed the maximum original loan amount for Mortgages eligible for delivery to Freddie Mac.

**SECTION A
MISCELLANEOUS CHANGES**

SELLER/SERVICER CURRENT INFORMATION	
Seller/Servicer Number 	Additional Seller/Servicer numbers assigned to this institution (exclude Servicing Agent arrangements)
Seller/Servicer Name	Date Fiscal Year ends (Month/Day)
Principal office address	Mailing Address (if different from principal office address)

POST-CHANGE INFORMATION. COMPLETE ONLY IF CHANGED.

- Timing.** Effective date of changes identified in this section _____
- Charter change** from _____ to _____
(Such as a state-chartered bank changing to a federally chartered bank or a savings bank to a commercial bank.)
New identification number: _____ (Note: Your identification number will be one of the following based on your institution type: (1) Commercial Bank - FRSID Number; (2) Credit Union - Charter Number; (3) Savings & Loan - Docket #; (4) Savings Bank - FRSID Number (if FDIC is your regulator))
- Conversion** from _____ to _____
(Such as a thrift institution converting from mutual to stock form)
New identification number: _____
- Changes or additions to Chief Executive Officer, Chief Financial Officer, and division heads or equivalents in the following Mortgage-related functions: production, underwriting, quality control, secondary marketing, servicing, compliance, OFAC/AML, anti-predatory lending, privacy, Section 404 (Truth in Lending) as well as the primary Freddie Mac business contact and Loan Product AdvisorSM business contact.**

Name	E-mail Address	Date of Birth
Title/Role	Telephone # ()	Social Security Number
	Fax # ()	
Street Address	City	State and Zip Code
Name	E-mail Address	Date of Birth
Title/Role	Telephone # ()	Social Security Number
	Fax # ()	
Street Address	City	State and Zip Code

- External auditor.** This section must be completed even if the Seller/Servicer is not required to submit audited financial statements to Freddie Mac.

Name of New Auditor	
Address	
Contact Person	Telephone Number ()
Date and Reason for Change	

6. Insurance:

- a) Has any single act of embezzlement, theft of funds or fraud or mortgagee's E&O loss caused a loss exceeding \$100,000, whether or not Freddie Mac's interests are affected or a claim is filed with the insurer? Yes No

If yes, please provide the following information:

Date of loss _____ Amount of Loss _____

Description/explanation of loss:

- b) Have you received notice from the insurer that the insurer has taken or intends to take action to cancel, reduce, not renew or restrictively modify the Seller/Service's fidelity and/or E&O insurance for any reason? Yes No

If yes, you must include a copy of the insurer's notice and detail the reasons below for the insurer's action or intended action if not stated in the insurer's notice.

How will you obtain replacement coverage or otherwise satisfy Freddie Mac's insurance requirements?

7. Other changes not included elsewhere on Form 1107SF:

8. Please select the State(s), territories or district where you do business and provide your State license number or provide your national registration number if you do business in all States:

National Registration number _____

<input type="checkbox"/>	State	License #	<input type="checkbox"/>	State	License #	<input type="checkbox"/>	State	License #	<input type="checkbox"/>	State	License #
<input type="checkbox"/>	Alabama		<input type="checkbox"/>	Alaska		<input type="checkbox"/>	Arizona		<input type="checkbox"/>	Arkansas	
<input type="checkbox"/>	California		<input type="checkbox"/>	Colorado		<input type="checkbox"/>	Connecticut		<input type="checkbox"/>	Delaware	
<input type="checkbox"/>	District of Columbia		<input type="checkbox"/>	Florida		<input type="checkbox"/>	Georgia		<input type="checkbox"/>	Guam	
<input type="checkbox"/>	Hawaii		<input type="checkbox"/>	Idaho		<input type="checkbox"/>	Illinois		<input type="checkbox"/>	Indiana	
<input type="checkbox"/>	Iowa		<input type="checkbox"/>	Kansas		<input type="checkbox"/>	Kentucky		<input type="checkbox"/>	Louisiana	
<input type="checkbox"/>	Maine		<input type="checkbox"/>	Maryland		<input type="checkbox"/>	Massachusetts		<input type="checkbox"/>	Michigan	
<input type="checkbox"/>	Minnesota		<input type="checkbox"/>	Mississippi		<input type="checkbox"/>	Missouri		<input type="checkbox"/>	Montana	
<input type="checkbox"/>	Nebraska		<input type="checkbox"/>	Nevada		<input type="checkbox"/>	New Hampshire		<input type="checkbox"/>	New Jersey	
<input type="checkbox"/>	New Mexico		<input type="checkbox"/>	New York		<input type="checkbox"/>	North Carolina		<input type="checkbox"/>	North Dakota	
<input type="checkbox"/>	Ohio		<input type="checkbox"/>	Oklahoma		<input type="checkbox"/>	Oregon		<input type="checkbox"/>	Pennsylvania	
<input type="checkbox"/>	Puerto Rico		<input type="checkbox"/>	Rhode Island		<input type="checkbox"/>	South Carolina		<input type="checkbox"/>	South Dakota	
<input type="checkbox"/>	Tennessee		<input type="checkbox"/>	Texas		<input type="checkbox"/>	US Virgin Islands		<input type="checkbox"/>	Utah	
<input type="checkbox"/>	Vermont		<input type="checkbox"/>	Virginia		<input type="checkbox"/>	Washington		<input type="checkbox"/>	West Virginia	
<input type="checkbox"/>	Wisconsin		<input type="checkbox"/>	Wyoming							

**SECTION B
ORGANIZATIONAL CHANGE**

SELLER/SERVICER CURRENT INFORMATION			
Seller/Service Number 	Additional Seller/Service numbers assigned to this institution (exclude Servicing Agent arrangements)		
Seller/Service Name		Date Fiscal Year Ends (Month/Day)	
Principal office address	Mailing Address	Surviving Entity	
		Yes	No

CURRENT INFORMATION OF OTHER INSTITUTION INVOLVED			
Seller/Service Number (if applicable) 	Additional Seller/Service numbers assigned to this institution (exclude Servicing Agent arrangements)		
Institution Name		Date Fiscal Year ends (Month/Day)	
Principal office address	Mailing Address	Surviving Entity	
		Yes	No

POST-CHANGE INFORMATION. COMPLETE ONLY IF CHANGED.

1. **Timing.** Effective date of changes identified in this section _____

2. **Type of organizational change(s):**

- Merger involving the Seller/Service (Merger - see instruction page for definition.)
- Acquisition involving the Seller/Service. (Acquisition - see instruction page for definition.)
- Merger/Acquisition involving the Seller/Service's parent company
- Consolidation (including a regulatory agency-assisted transaction)
- Ownership Change (Transfer of stock that results in any person or entity directly or indirectly owning stock having more than 50 percent of the total voting rights of all outstanding stock.)
- Transfer of assets without any accompanying liabilities to
 - A Freddie Mac-approved Seller/Service or
 - An entity that is not a Freddie Mac-approved Seller/Service

Please complete the following information on the resultant entity if different from current information stated above.

Name of resultant entity	Date Fiscal Year ends (Month/Day)
Principal office address	Mailing Address (if different from principal office address)
City, State, Zip	City, State, Zip

Federally Regulated Institution: <input type="checkbox"/> Depository insured by the FDIC FDIC Cert # _____ <input type="checkbox"/> Credit Union insured by the NCUA NCUA Charter #: _____ <input type="checkbox"/> Government Sponsored Enterprise (GSE)	Mortgage Banker that is: <input type="checkbox"/> Subsidiary or parent of a depository institution or part of a bank or bank holding company. <input type="checkbox"/> Other privately or publicly held company Other: <input type="checkbox"/> Holding Company <input type="checkbox"/> Insurance Company <input type="checkbox"/> Non-Profit <input type="checkbox"/> State Housing Agency <input type="checkbox"/> State Insured Financial Institution
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3. **Changes and/or additions to major stockholders of the surviving entity.** Provide the names of all individuals and institutions that own 50 percent or more of the acquiring/surviving entity's stock. Under "identification number," enter its Seller/Service number (if applicable) or the social security or tax ID number.

Name	Identification Number
	Percentage of Ownership
Name	Identification Number
	Percentage of Ownership

4. **Changes or additions to Chief Executive Officer, Chief Financial Officer, and division heads or equivalents in the following Mortgage-related functions of the surviving or existing entity: production, underwriting, quality control, secondary marketing, servicing, compliance, OFAC/AML, anti-predatory lending, privacy, Section 404 (Truth in Lending) as well as the primary Freddie Mac business contact and Loan Product Advisor business contact.**

Name	E-mail Address	Date of Birth
Title/Role	Telephone # ()	Social Security Number
	Fax # ()	
Street Address	City	State and Zip Code
Name	E-mail Address	Date of Birth
Title/Role	Telephone # ()	Social Security Number
	Fax # ()	
Street Address	City	State and Zip Code

5. **Changes to corporate family.** Did this change affect other Freddie Mac-approved entities?

Seller/Service Name #1	City/State/Zip	Freddie Mac Seller/Service Number
Type of Change (Check one)		
<input type="checkbox"/> New Affiliate <input type="checkbox"/> Delete affiliate relationship <input type="checkbox"/> Other (Explain)		
Seller/Service Name #2	City/State/Zip	Freddie Mac Seller/Service Number
Type of Change (Check one)		
<input type="checkbox"/> New Affiliate <input type="checkbox"/> Delete affiliate relationship <input type="checkbox"/> Other (Explain)		
Seller/Service Name #3	City/State/Zip	Freddie Mac Seller/Service Number
Type of Change (Check one)		
<input type="checkbox"/> New Affiliate <input type="checkbox"/> Delete affiliate relationship <input type="checkbox"/> Other (Explain)		
Seller/Service Name #4	City/State/Zip	Freddie Mac Seller/Service Number
Type of Change (Check one)		
<input type="checkbox"/> New Affiliate <input type="checkbox"/> Delete affiliate relationship <input type="checkbox"/> Other (Explain)		

6. Explanation of organizational change. Please describe the impact of the organizational change on business, objectives, structure and operations, as applicable. Identify whether the change now enables or strengthens your ability to originate or service subprime Mortgages.

7. Functional changes (As a result of the reported organizational or ownership change):

- a) Will you discontinue any of your assigned Seller/Servicer numbers? Answer yes even if you will continue to use another number (i.e., eliminating unused numbers) Yes No

If yes, which number(s) will you discontinue?

The undersigned hereby authorizes Freddie Mac to terminate the above Seller/Servicer number(s). I understand that termination of a Seller/Servicer number means my institution will no longer have the ability to sell Mortgages to Freddie Mac, service Mortgages for Freddie Mac, or use Loan Product Advisor, using the terminated Seller/Servicer number(s).

Signature

Title

- b) If you are consolidating servicing portfolios, have you already transferred servicing rights, duties and obligations? Yes No

If no, are you planning to transfer servicing rights, duties and obligations? Yes No

If yes, please complete and submit Form 981 (Transfer of Servicing).

- c) Freddie Mac Mortgages will be serviced:

- By a different management team? Yes No
- By a different Servicing Agent? Yes No
- In a different location? Yes No

If new Servicing Agent or location, provide new address. _____

If new Servicing Agent also provide Seller/Servicer name and number. _____

- How do you send your investor reporting data to Freddie Mac?
 - Service Bureau Self-report Not Servicing loans
- If you self-report, how do you transmit your data?
 - Freddie Mac Service Loans Application GCS Other _____

- d) Will quality control reviews for Freddie Mac Mortgages be performed

- By a different management team? Yes No
- In a different location? Yes No

If yes, provide new quality control address: _____

- e) If the surviving entity is not Freddie Mac-approved, will the Freddie Mac policies and procedures of the previously approved entity be adopted? Yes No

- f) Will your Notes be held by a different Document Custodian or has there been any change to your current Document Custodian? Yes No

If yes, provide name and address: _____

g) Has your institution type changed? Yes No
If yes, what is your institution type?

- Commercial Bank
 - Savings Bank
 - Savings and Loan
 - Credit Union
 - Mortgage Banker
 - Other _____
-

h) Seller/Service organization or management classification. Check all applicable boxes that apply to your institution.
(See instructions for definitions.)

- Minority-Owned Business Enterprise
 - Black or (African) American
 - Native Americans (or American Indian)
 - Hispanic (or Latino American)
 - Asian-American

- Disabled-Owned
- Women-Owned

Additional Categories:

- Service-Disabled Veteran-Owned
- GLBT-Owned
- Community-oriented lending institution

- None of the above

Certifying Organization:

- United States Government Agency
- Local Government Agency
- State Government Agency
- Minority Council or Organization
- Self-Certification
- Other _____

You may be required to provide additional information related to your organizational change such as:

- Resumes for each of the individuals listed as managing and key personnel in Section C, number 4
- Most recent, post-transaction audited financial statements of the surviving entity (if audited financials are required). If not available, officer-certified financials, audited financials of the parent company or regulatory reports may be substituted.
- Copy of the regulatory approval(s) when applicable
- Proof of fidelity bond and errors and omissions insurance if the surviving entity is not Freddie Mac-approved

**SECTION C
REGULATORY AND THIRD-PARTY RELATIONSHIPS**

SELLER/SERVICER CURRENT INFORMATION	
Seller/Service Number 	Additional Seller/Service numbers assigned to this institution (exclude Servicing Agent arrangements)
Seller/Service Name	Date Fiscal Year Ends (Month/Day)
Principal office address	Mailing Address (if different from principal office address)

COMPLETE ONLY IF CHANGED.

1. Institution actions. Changes in regulatory or supervisory actions, including terminations. Regulatory actions include, but are not limited to, supervisory agreements, cease and desist orders, notices of determination, memoranda of understanding, and any action taken by the U.S. Department of Housing and Urban Development (HUD) or any adverse action by a state licensing agency. Supervisory actions include, but are not limited to, the appointment of a trustee, conservator or managing agent.

- Failure
- Bankruptcy
- Regulatory and Supervisory Actions:
 - Supervisory Agreements
 - Cease and Desist Orders
 - Notices of Determination
 - Memorandum of Understanding
 - Appointment of trustee, conservator, or managing agent
 - U.S. Department of Housing and Urban Development (HUD) actions
 - Adverse actions by state licensing agency
- Management Actions
- Change to Warehouse Lender and/or warehouse line
- Third-party initiated business relationship terminations
- Seller/Service initiated business relationship terminations

Failure Date	Managing Agent
Explanation	

Bankruptcy Date	Type
Explanation	

Regulatory or Supervisory Action (List Type of Action)	Date of Action
Explanation	

Management Actions (List Type of Action)	Date of Action
Explanation	

Warehouse Lender/Facility Changes (List Type of Change)	Date of Change
<input type="checkbox"/> Name of Lender <input type="checkbox"/> Address of Lender <input type="checkbox"/> Lender Contact Phone Number <input type="checkbox"/> Lender TIN/EIN <input type="checkbox"/> Type (Warehouse Loan, Traditional Repurchase, Gestation Line, Other) <input type="checkbox"/> Commitment Amount <input type="checkbox"/> Commitment Effective Date <input type="checkbox"/> Commitment Expiration Date	
Name of Warehouse Lender	
Explanation of change	

Third-party initiated business relationships terminations. List any mortgage insurers, Warehouse Lenders, secondary marketing agencies (Fannie Mae, Ginnie Mae) or investors that suspended or terminated their business relationship with this institution.

Name of Third Party	Date of Suspension/Termination/Action
Reason for Termination	
Name	Date of Suspension/Termination/Action
Reason for Termination	

Seller/Servicer initiated business relationship terminations. List any mortgage insurers, secondary marketing agencies (Fannie Mae, Ginnie Mae) or investors with whom the Seller/Servicer has ceased doing business.

Name of Third Party	Date of Termination
Reason for Termination	
Name	Date of Termination
Reason for Termination	

The Seller/Service must deliver this Form 1107SF, including any other required or supplemental documents, by one of the following alternative methods below (“Options”):

1. **Paper original.** The Seller/Service may have its duly authorized representative complete a paper Form 1107SF and sign it in writing and deliver it to Freddie Mac.
2. **Electronic Record using Freddie Mac web site.** The Seller/Service may have its duly authorized representative go to <http://www.freddiemac.com/singlefamily/doingbusiness/acctmaintain.html> on the Internet and locate the Form 1107SF, complete it, sign it and submit it electronically.
3. **Facsimile (fax) copy by fax transmission.** The Seller/Service may have its duly authorized representative complete the paper Form 1107SF, sign it in writing and transmit it using a fax machine to Freddie Mac at a designated fax telephone number.
4. **Scanned copy by Internet e-mail transmission.** The Seller/Service may have its duly authorized representative complete a paper Form 1107SF, sign it in writing, scan it into a standard document format (PDF, TIF, JPEG, etc.) attach it to an e-mail and send the e-mail and attached copy of the Form 1107SF to institutional_eligibility@freddiemac.com, Freddie Mac’s e-mail address.

Applicable to Option 2 above: If the Seller/Service chooses to execute and deliver this Form 1107SF electronically under Option 2 above, the Seller/Service’s duly authorized representative agrees as follows: As the duly authorized representative of the Seller/Service, I agree that by typing my name in the “signature” box below and clicking on the button below entitled “I agree and submit”, I have: (i) adopted the actions of typing my name in the “signature” box below and clicking on the button below entitled “I agree and submit” as my Electronic Signature; (ii) electronically signed and intended to electronically sign this Electronic Form 1107SF on behalf of the Seller/Service using an Electronic Signature; (iii) bound the Seller/Service to the truthfulness, completeness and accuracy of the information contained in the Form 1107SF in the same manner that the Seller/Service would be bound had I completed and signed paper Form 1107SF in writing and delivered it to Freddie Mac; and (iv) submitted and delivered this Electronic Form 1107SF to Freddie Mac with my Electronic Signature attached hereto and logically associated herewith.

Applicable to Options 3 and 4 above: If the Seller/Service chooses to execute and deliver this Form 1107SF electronically under Option 3 or 4 above, the Seller/Service’s duly authorized representative agrees as follows: As the duly authorized representative of the Seller/Service, I agree that by executing a paper original Form 1107SF and either transmitting a fax copy to Freddie Mac or scanning the paper original and e-mailing the scanned copy to Freddie Mac, I have: (i) adopted the copy or representation of my written signature as it appears on the fax copy or the scanned copy of the Form 1107SF, as my Electronic Signature; (ii) electronically signed and intended to electronically sign the fax copy or scanned copy of the Form 1107SF on behalf of the Seller/Service using an Electronic Signature; (iii) bound the Seller/Service to the truthfulness, completeness and accuracy of the information contained in the fax copy or scanned copy of the Form 1107SF in the same manner that the Seller/Service would be bound had I completed and signed a paper Form 1107SF in writing and delivered it to Freddie Mac; and (iv) submitted and delivered this Electronic Form 1107SF to Freddie Mac, with my Electronic Signature attached hereto and/or logically associated herewith.

Applicable to all Options above: The undersigned hereby certifies that the information set forth in this Form 1107SF, and any accompanying documentation, is true, complete and correct. The undersigned understands and acknowledges that any misrepresentation or omission constitutes cause for suspension or disqualification to sell Mortgages to and service Mortgages for Freddie Mac and may be cause for Freddie Mac to pursue other available remedies.

Signature of Authorized Officer:

Date:

Officer's Title:

Company Name:

Officer's Telephone No.:

Business Address:

Officer's Office E-mail Address:

"I agree and submit"
