

<b>Please check one:</b>	<input type="checkbox"/> New Customer (First Time Setup)	<input type="checkbox"/> Existing Customer (Modifying users)		
<b>Freddie Mac Seller/Service Name:</b> _____ <b>Seller/Service #</b> _____				
<b>Other Seller/Service #s</b> _____				
Please provide the name and address of the authorized employee who should receive all of your users' IDs and passwords. This employee will also be responsible for identifying other authorized employees as users (and their roles) and adding and deleting employees as users when changes are necessary. <b>Please FAX completed form to 703-738-1532</b>				
<b>Contact Name:</b>				
<b>Alternate Contact</b> (for 1 <sup>st</sup> time setups):				
<b>Title:</b>				
<b>Address:</b>				
<b>City/State/Zip:</b>				
<b>Tax County:</b>				
<b>Phone:</b>				
<b>Fax:</b>				
<b>Email:</b>				
<b>Please complete this section <i>only</i> if you are a New Customer or are not set up on the Selling System:</b>				
<b>Seller or Seller/Service:</b>	<input type="checkbox"/> Seller/Service or <input type="checkbox"/> Seller only			
<b>Concurrent Transfer of Servicing (CTOS)</b>	<input type="checkbox"/> Check here only if CTOS is required. <small>(A completed form 960 is required.)</small>			
<b>Use a Warehouse Lender</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes, complete the Form 987E)</small>			
<b>Custodial Arrangement</b>	Freddie Mac (DCS) <input type="checkbox"/> / Self-Custodian <input type="checkbox"/> / Third Party Custodian <input type="checkbox"/> <small>(If you are a Self Custodian, approval and Form 1035 are required. 1035A must be completed if utilizing a Third party custodian)</small>			
<b>Expected Execution Path:</b>	% ___ Fixed Rate vs. ___ ARM % ___ Cash / % ___ Guarantor If Cash: % ___ Released / % ___ Retained % ___ Best Efforts / % ___ Mandatory			
Add/Modify	Delete	USER NAMES AND EMAIL ADDRESSES: <small>(Attach additional sheets if necessary.)</small>	PIN birthdate <small>(e.g. July 4<sup>th</sup> = 0704)</small>	User Role(s): <small>Please see instructions for more information on the User Roles.</small>
<input checked="" type="checkbox"/> Sample	<input type="checkbox"/> Sample	Name: Chris Sample Email: Sample@sample.com Phone: 212-555-1234	0 7 0 4	<input checked="" type="checkbox"/> Full Access <small>(All Selling System Functions)</small> <input type="checkbox"/> Delivery Access <small>(Cannot take out contracts)</small>
<input type="checkbox"/>	<input type="checkbox"/>	Name: Email: Phone:	□ □ □ □	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: Email: Phone:	□ □ □ □	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: Email: Phone:	□ □ □ □	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access

The undersigned authorized employee of the Seller/Service hereby authorizes the employees listed above to have access to Freddie Mac's Selling System in accordance with the selected user roles above. The undersigned also agrees that Seller/Service shall be responsible for safeguarding the access to the Freddie Mac Selling System as set forth in Section 1.3(g) of the Freddie Mac Seller/Service Guide. In addition, the undersigned agrees that a facsimile copy of this signed form received by Freddie Mac shall be deemed to be an original and shall bind Seller/Service as if Freddie Mac had received the original signed paper form.

Authorized Signature: \_\_\_\_\_ Please Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### **Seller/Service's Responsibility for Management of Access to the Freddie Mac Selling System –**

Seller/Service shall be responsible for safeguarding passwords and PIN numbers, and for adopting security measures to prevent their loss, theft or unauthorized disclosure or use. Seller/Service must notify Freddie Mac within 48 hours of an employee's termination in order to promptly revoke the employee's password. Seller/Service shall also notify Freddie Mac immediately in the event of any loss, theft or unauthorized disclosure or use of Seller/Service's employee's User IDs, passwords, PIN numbers or other access codes. Seller/Service shall also notify Freddie Mac immediately if Seller/Service has reason to believe that its access to the Freddie Mac Selling System is no longer secure for any reason. Seller/Service shall be responsible for any liability, loss, or damage resulting from Seller/Service's breach of security or any and all unauthorized use of or access to the Freddie Mac Selling System.

## **Instructions**

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The following information is being provided to assist you in completing the attached Selling System User ID Form. The numbers listed below correspond to the specified areas on the attached form. To avoid delays and errors please ensure information is legible.

1. **Add/Modify** – Check this box if you are adding a new user or modifying an existing user. Also check this box if you are changing which user roles a user is assigned.
2. **Delete** – Check this box if you are deleting a current user.
3. **User Roles** – For each user: Place an **X** in the box next to the user role that needs to be added or deleted.

**Full Access** – Members of this group can Take Out Contracts, Request Price Sheet, Pair-Off Contracts, Create and Modify Loans, View Settlement Forms and Statements, and View Pipeline.

**Delivery Access** – Members of this group *cannot* Take Out Contracts, but have all other User Rights of Full Access.

Additional Space for users:

Freddie Mac Seller/Service Name: _____		Seller/Service # _____	
Other Seller/Service #s _____			
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Email: _____ Phone: _____	<input type="checkbox"/> Full Access <input type="checkbox"/> Delivery Access
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Authorized Signature: _____		Please Print Name: _____	
Title: _____		Date: _____	