



State of Rhode Island
Department of Business Regulation



Division of Banking
 233 Richmond Street, Suite 231, Providence, RI 02903-4231
 Telephone: (401) 222-2405, Facsimile: (401) 222-5628, TDD: 711
 e-mail address: bankinquiry@dbr.state.ri.us

UNIFORM MORTGAGE LICENSE FORMS
STATE SPECIFIC REQUIREMENTS

LICENSE AMENDMENTS- CHANGE IN OWNERSHIP OR CONTROL PERSON

Lenders and Loan Brokers - Complete the **Highlighted** Sections and check the “AMENDMENT” box on the Form MU1 to notify the *State of Rhode Island Division of Banking* of a change in ownership or a change in a control person for the Rhode Island license.

Small Loan Lenders Only - Complete the **Highlighted** Sections and check the “AMENDMENT” box on the Form SLLU1 to notify the *State of Rhode Island Division of Banking* a change in ownership or a change in a control person for the Rhode Island license.

1. **AMENDMENT FEE** – There is no fee imposed by the Division of Banking for this filing.
2. **FINANCIAL RESPONSIBILITY** - Provide a financial statement **signed by an authorized officer of applicant** for the licensed company prepared and dated **not more than sixty (60) days** prior to the application date showing assets, liabilities and net worth, prepared in accordance with Generally Accepted Accounting Principles. Each licensee must maintain minimum net worth as indicated below:

MINIMUM NET WORTH REQUIREMENTS

Lender Applicants	\$100,000.00
Loan Broker Applicants	\$ 10,000.00
Small Loan Lender Applicants	\$ 25,000.00

3. **CHANGE IN OWNERSHIP LEGAL DOCUMENTS** - Provide certified copies of all legal documents associated with the change in ownership, including any applicable purchase and sales agreements, merger agreements, or consent to change in ownership agreements.
3. **CONTROL PERSON** -. A *control person* also includes any person designated as the manager of a licensed office or of a branch office of the *applicant*. A change in a *control person* requires each *control person* to provide the following:
 - a. A financial statement, **signed by the respective control person** which is dated **not more than sixty (60) days** prior to the application date, showing assets and liabilities and positive net worth. The financial statement must be prepared in accordance with generally accepted accounting principles and will be treated as confidential information that is not open to public inspection at anytime.
 - b. Two fingerprint cards issued by the federal bureau of investigation for state and national criminal history record checks.
 - c. A signed and completed authorization for background check (form provided).
 - d. A completed Form MU2.
 - e. Complete details of all events or proceedings for any “Yes” answer to the questions contained in Form MU2, 8, Disclosures.

4. **SECRETARY OF STATE/MUNICIPALITY DOCUMENTATION**

- a. If a corporation, provide a Certificate of Good Standing dated not more than sixty (60) days from the filing of this application **issued by the Rhode Island Secretary of State**.
- b. If a limited liability company, provide a copy of a Certificate of Good Standing or a Certificate of Registration dated not more than sixty (60) days from the filing of this application **issued by the Rhode Island Secretary of State**.
- c. If a limited partnerships provide a Certificate of Good Standing for the Limited Partnership from the **Rhode Island Secretary of State**.
- d. If a general partnerships provide a Certificate of Good Standing for the General Partnership from the **City or Town** in which the partnership is registered.

5. **WHO TO CONTACT** – Contact your *State of Rhode Island Division of Banking and Securities* licensing staff by phone at (401) 222-2405 or send your questions via e-mail to bankinquiry@dbr.state.ri.us for additional assistance.

6. **DELIVERY INSTRUCTIONS** – Please send completed Form MU1, Form MU2, fees, and attachments to the following address:

*State of Rhode Island and Providence Plantations
Department of Business Regulation
Division of Banking
233 Richmond Street, Suite 231
Providence, RI 02903-4231*

FORM MU1	UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM				<input type="checkbox"/> MORTGAGE BROKER	
					<input type="checkbox"/> MORTGAGE LENDER	
					<input type="checkbox"/> MORTGAGE SERVICER	
Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____						
License Number information (if applicable) is optional. Use additional sheets if necessary.	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction
	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i> <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER <i>(review jurisdiction-specific instructions)</i> _____						
1. Exact name, principal business address, mailing address, if different, and telephone numbers of applicant: (A) Full name of applicant (sole proprietors provide last, first, and full middle name) _____ (B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) _____						
(C) (1) Name under which business primarily is or will be conducted, if different from Item 1A: _____						
(2) List any other name(s) by which the applicant conducts or will conduct business and the jurisdiction(s) in which they are or will be used (Use additional sheets as necessary).						
1. Name		jurisdiction		2. Name		jurisdiction
3. Name		jurisdiction		4. Name		jurisdiction
(D) For amendments only: If this filing reports the applicant's name has changed, specify whether the name change is of the <input type="checkbox"/> applicant name (1A) or <input type="checkbox"/> business name (1C1)? Enter the old name above and new applicant name here _____ or new business (trade/dba) name here _____						
(E) Main address: (Do not use a P.O. Box)						
_____		_____		_____		_____
Number & Street		City		State / Province & Country		Zip+4 / Postal Code
(F) Mailing address, if different from Main address:						
_____		_____		_____		_____
PO Box or Number & Street		City		State / Province & Country		Zip+4 / Postal Code
(G) Telephone Numbers and Website:						
() _____ - _____ ext _____		() _____ - _____		_____		_____
Business Phone		Fax Line		Website address		e-mail address (optional)
(H) Other than the office in 1E, does the applicant conduct business with consumers through branch offices or other business locations? <input type="checkbox"/> YES <input type="checkbox"/> NO (In certain jurisdictions, branch offices or other business locations must be reported or approved. Use Form MU3.)						
EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said applicant and agrees to and represents the following:						
(1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;						
(2) To the extent any information previously submitted is not amended such information is currently accurate and complete;						
(3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the applicant for purposes of issuing the subject licenses;						
(4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;						
(5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the applicant is applying.						
		_____		_____		_____
		Date (MM/DD/YYYY)		Signature of applicant's representative		
		Signed or attested before me: _____		By _____		
		Print Notary Public name		Print applicant's representative name		
Notary seal here		on this _____ day of _____,		_____ at _____		_____
		Date		Year		State County
		_____		_____		_____
		Notary Public signature		Notary Appointment Expires (MM/DD/YYYY)		
<i>This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.</i>						

Applicant full legal name: _____

2. Contact information for applicant:

(A) Contact Employee:

_____ Name and Title	() _____ - _____ ext _____ Business Phone	() _____ - _____ Fax Line	_____ e-mail address
_____ PO Box or Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code

(B) Employee authorized to respond to consumer complaints:

_____ Name and Title	() _____ - _____ ext _____ Business Phone	() _____ - _____ Fax Line	_____ e-mail address
_____ PO Box or Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code

(C) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.

_____ Records Custodian Name	() _____ - _____ ext _____ Business Phone	() _____ - _____ Fax Line	_____ e-mail address
_____ Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code

3. Enter appropriate number in the box(es) for each jurisdiction:
 Use the **MB** box for mortgage broker, the **ML** box for mortgage lender, and the **MS** box for mortgage servicer:
 Enter "1" if **applicant is newly applying** in that jurisdiction
 Enter "2" if **applicant has a pending application** in that jurisdiction
 Enter "3" if **applicant is already licensed/registered** in that jurisdiction
 Enter "4" if **applicant is surrendering/canceling** in that jurisdiction
 Enter "5" if **applicant was formerly licensed/registered** in that jurisdiction.

	MB	ML	MS		MB	ML	MS		MB	ML	MS		MB	ML	MS
Alabama				Idaho				Montana				Rhode Island			
Alaska				Illinois				Nebraska				South Carolina			
Arizona				Indiana				Nevada				South Dakota			
Arkansas				Iowa				New Hampshire				Tennessee			
California – DOC				Kansas				New Jersey				Texas – OCC			
California – DRE				Kentucky				New Mexico				Texas – SML			
Colorado				Louisiana				New York				Utah			
Connecticut				Maine				North Carolina				Vermont			
Delaware				Maryland				North Dakota				Virginia			
District of Columbia				Massachusetts				Ohio				Washington			
Florida				Michigan				Oklahoma				West Virginia			
Georgia				Minnesota				Oregon				Wisconsin			
Guam				Mississippi				Pennsylvania				Wyoming			
Hawaii				Missouri				Puerto Rico							

Applicant full legal name: _____

7. (A) Directly or indirectly, does *applicant control* or is *applicant* under common *control* with, any *person* that is engaged in the business of a mortgage lender, mortgage broker, or providers of other settlement services? YES NO

If no, go to item 7(B).

If yes, complete information below for each relationship. In the "Control Relationship" Column, enter "S" if the *applicant controls* the entity (subsidiary) and "A" if the *applicant* is under common *control* with the entity (affiliate). Attach additional sheets as necessary.

Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship

Briefly describe *control* relationship(s), including an organizational chart which shows the relationship(s). Use additional sheets for comments if necessary.

(B) Directly or indirectly, is *applicant controlled* by any of the following? If no, go to item 8. YES NO

- Bank Holding Company National Bank Savings Association/Savings Bank
- Credit Union Foreign Bank Thrift Holding Company
- State Member Bank of the Federal Reserve System State Non-Member Bank

_____ Financial Institution Name

_____ City _____ State/Province _____ Country _____ Zip+4/Postal Code

_____ Number and Street

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: _____

8. If the answer to any of the following is "YES", provide complete details of all events or *proceedings* in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or *proceeding*; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form MU1 instructions for explanations of italicized terms. **Remember to file updates of these disclosures as needed.**

Criminal Disclosure	YES	NO
(A) Has the <i>applicant</i> or a <i>control affiliate</i> ever:	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(B) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8(B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(C)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(F) (1) Has any domestic or foreign court:	<input type="checkbox"/>	<input type="checkbox"/>
(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) in the past ten years <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to be in violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8(F)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure		
(G) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage lender or a mortgage broker or a <i>control affiliate</i> of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Does the <i>applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

Schedule A DIRECT OWNERS AND EXECUTIVE OFFICERS	Applicant full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____	
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1. Use Schedule A only in new applications to provide information on the **direct** owners and executive officers of the *applicant*. Use Schedule B in new applications to provide information on **indirect** owners. File all amendments on Schedule C. **Complete each column.**

2. List below the names of:
- (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;
 - (b) each *control person*
 - (c) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company;
 Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
 - (d) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
 - (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust and each trustee;
 - (f) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
 - (g) in certain *jurisdictions*, other required *persons*, including "qualified *persons*" or branch supervisors. Consult the *jurisdiction(s)* in which the *applicant* is applying for details.

3. Are there any indirect owners of the *applicant* required to be reported on Schedule B? Yes No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

5. (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to form MU1, and "No" if the *person* does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form MU2.
 (b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

FORM SLLU1	UNIFORM SMALL LOAN LENDER FORM					<input type="checkbox"/> SMALL LOAN LENDER	
	Date of filing (MM/DD/YYYY): _____					<input type="checkbox"/>	
	Desired Effective Date (MM/DD/YYYY): _____					<input type="checkbox"/>	
License Number information (if applicable) is optional. Use additional sheets if necessary.	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction	
	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction	
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended.</i>							
<input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER <i>(review jurisdiction-specific instructions)</i>							
1. Exact name, principal business address, mailing address, if different, and telephone numbers of applicant:							
(B) Full name of applicant (sole proprietors provide last, first, and full middle name)				(B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship)			

(C) (1) Name under which business primarily is or will be conducted, if different from Item 1A: _____							
(2) List any other name(s) by which the applicant conducts or will conduct business and the jurisdiction(s) in which they are or will be used (Use additional sheets as necessary).							
i. Name		jurisdiction		i. Name		jurisdiction	
ii. Name		jurisdiction		ii. Name		jurisdiction	
(D) For amendments only: If this filing reports the applicant's name has changed, specify whether the name change is of the <input type="checkbox"/> applicant name (1A) or <input type="checkbox"/> business name (1C1)? Enter the old name above and new applicant name here _____ or new business (trade/dba) name here _____							
(E) Main address: (Do not use a P.O. Box)							
_____		_____		_____		_____	
Number & Street		City		State / Province & Country		Zip+4 / Postal Code	
(F) Mailing address, if different from Main address:							
_____		_____		_____		_____	
PO Box or Number & Street		City		State / Province & Country		Zip+4 / Postal Code	
(G) Telephone Numbers and Website:							
() - ext		() -		_____		_____	
Business Phone		Fax Line		Website address		e-mail address (optional)	
(H) Other than the office in 1E, does the applicant conduct business with consumers through branch offices or other business locations? <input type="checkbox"/> YES <input type="checkbox"/> NO (In certain jurisdictions, branch offices or other business locations must be reported or approved. Use Form MU3.)							
EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said applicant and agrees to and represents the following:							
(6) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;							
(7) To the extent any information previously submitted is not amended such information is currently accurate and complete;							
(8) That the jurisdiction(s) to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the applicant for purposes of issuing the subject licenses;							
(9) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;							
(10) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the applicant is applying.							
Notary seal here	_____			_____			
	Date (MM/DD/YYYY)			Signature of applicant's representative			
	Signed or attested before me: _____			By _____			
	Print Notary Public name			Print applicant's representative name			
on this _____		day of _____,		_____		at _____	
Date		Month		Year		State County	
_____			_____				
Notary Public signature			Notary Appointment Expires (MM/DD/YYYY)				
<i>This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.</i>							

Applicant full legal name: _____

2. Contact information for applicant:

(A) Contact Employee:

_____ Name and Title	() _____ - _____ ext _____ Business Phone	() _____ - _____ Fax Line	_____ e-mail address
_____ PO Box or Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code

(B) Employee authorized to respond to consumer complaints:

_____ Name and Title	() _____ - _____ ext _____ Business Phone	() _____ - _____ Fax Line	_____ e-mail address
_____ PO Box or Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code

(C) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.

_____ Records Custodian Name	() _____ - _____ ext _____ Business Phone	() _____ - _____ Fax Line	_____ e-mail address
_____ Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code

3. Enter appropriate number in the box(es) for each jurisdiction:
 Use the **CL** box for consumer lender, consumer finance company, or small loan lender and the **PL** box for pay day lender:
 Enter "1" if applicant is newly applying in that jurisdiction
 Enter "2" if applicant has a pending application in that jurisdiction
 Enter "3" if applicant is already licensed/registered in that jurisdiction
 Enter "4" if applicant is surrendering/canceling in that jurisdiction
 Enter "5" if applicant was formerly licensed/registered in that jurisdiction.

	CL	PL		CL	PL		CL	PL		CL	PL	
Alabama			Idaho			Montana			Rhode Island			
Alaska			Illinois			Nebraska			South Carolina			
Arizona			Indiana			Nevada			South Dakota			
Arkansas			Iowa			New Hampshire			Tennessee			
California – DOC			Kansas			New Jersey			Texas – OCC			
California – DRE			Kentucky			New Mexico			Texas – SML			
Colorado			Louisiana			New York			Utah			
Connecticut			Maine			North Carolina			Vermont			
Delaware			Maryland			North Dakota			Virginia			
District of Columbia			Massachusetts			Ohio			Washington			
Florida			Michigan			Oklahoma			West Virginia			
Georgia			Minnesota			Oregon			Wisconsin			
Guam			Mississippi			Pennsylvania			Wyoming			
Hawaii			Missouri			Puerto Rico						

Applicant full legal name: _____

<p>4. Check type(s) of small loan related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>(A) Consumer finance lending</p> <p>(B) Consumer finance loan servicing</p> <p>(C) Pre-owned automobile financing</p> <p>(D) Insurance premium financing</p> <p>(E) Credit insurance</p> <p>(F) Gap insurance</p> <p>(G) Debt suspension/debt cancellation insurance</p> <p>(H) Other _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>5. (A) Will <i>applicant</i> engage in any non-consumer finance lending-related business?</p> <p>If "yes" briefly describe. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>(B) Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity?</p> <p>If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>6. (A) Indicate legal status of <i>applicant</i>.</p> <p> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company </p> <p>(B) <i>Applicant's</i> fiscal year end (MM/DD): _____</p> <p>(C) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed):</p> <p style="margin-left: 40px;">State/Province & Country of formation: _____ Date of formation (MM/DD/YYYY): _____</p> <p>(D) If <i>applicant</i> is a publicly traded corporation, please insert stock symbol: _____</p>		

Applicant full legal name: _____

7. (A) Directly or indirectly, does *applicant control* or is *applicant* under common *control* with, any person that is engaged in the business of a lender, loan broker, or providers of other settlement services? YES NO
If no, go to item 7(B).

If yes, complete information below for each relationship. In the "Control Relationship" Column", enter "S" if the *applicant controls* the entity (subsidiary) and "A" if the *applicant* is under common *control* with the entity (affiliate). Attach additional sheets as necessary.

Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship

Briefly describe *control* relationship(s), including an organizational chart which shows the relationship(s). Use additional sheets for comments if necessary.

(B) Directly or indirectly, is *applicant controlled* by any of the following? *If no, go to item 8.* YES NO

- Bank Holding Company National Bank Savings Association/Savings Bank
- Credit Union Foreign Bank Thrift Holding Company
- State Member Bank of the Federal Reserve System State Non-Member Bank

Financial Institution Name

Number and Street

City

State/Province Country

Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: _____

8. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or <i>proceeding</i> ; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form MU1 instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.		
Criminal Disclosure	YES	NO
(A) Has the <i>applicant</i> or a <i>control affiliate</i> ever:	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(B) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8(B)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> :	<input type="checkbox"/>	<input type="checkbox"/>
(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(C)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(F) (1) Has any domestic or foreign court:	<input type="checkbox"/>	<input type="checkbox"/>
(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) in the past ten years <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to be in violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8(F)(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure		
(G) In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a lender or a loan broker or a <i>control affiliate</i> of a lender or a loan broker that has been the subject of a bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Does the <i>applicant</i> have any unsatisfied judgments or liens against it?	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule A
DIRECT OWNERS AND
EXECUTIVE OFFICERS**

Applicant full legal name: _____

Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____

1. Use Schedule A only in new applications to provide information on the **direct** owners and executive officers of the *applicant*. Use Schedule B in new applications to provide information on **indirect** owners. File all amendments on Schedule C. **Complete each column.**

2. List below the names of:
- (a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;
 - (b) each *control person*
 - (c) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company;
Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
 - (d) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
 - (e) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust and each trustee;
 - (f) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
 - (g) in certain *jurisdictions*, other required *persons*, including "qualified *persons*" or branch supervisors. Consult the *jurisdiction(s)* in which the *applicant* is applying for details.

3. Are there any indirect owners of the *applicant* required to be reported on Schedule B? Yes No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

5. (a) In the "Control Person" column, enter "Yes" if the *person* has "control" as defined in the instructions to form MU1, and "No" if the *person* does not have control. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "control persons". For each "Yes" response, submit Control Persons Information on form MU2.
(b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

