



4000 Industrial Boulevard • Aliquippa, PA 15001
Telephone 888-381-7381 ~ Fax 866-834-7479

345 Rouser Road • Airport Office Park • Building #5 • Coraopolis, PA 15108
Telephone 877-472-5719 ~ Fax 888-744-8467

Dear Prospective Closing Vendor:

We appreciate your interest in becoming a member of ServiceLink's Closing Agent Network. ServiceLink's network of closing agents extends throughout all 50 states and allows ServiceLink to provide the most extensive and innovative closing services available to mortgage lenders today.

As a ServiceLink Attorney Closing Agent, you will be required to complete the witnessing and notarizing of loan documents in your office or at the borrower's home during or after business hours, as well as weekends. Your responsibilities for a refinance transaction will include travelling to the borrower's home or office and properly witnessing and acknowledging the borrower's signature on all closing documents.

The ability to work with email documents is mandatory. The lender and/or ServiceLink will pay all courier charges that apply to properly closed transactions.

Immediately after the signing, you will need to follow specific transactional instructions included in the document package to inform ServiceLink of a successful closing. This task may require you to fax back specific documents or update the ServiceLink website with the confirmation of the signing and the tracking numbers for the express packages.

Please note that if for any reason a closing is rescheduled or cancelled, you must notify ServiceLink and/or its affiliates immediately. ServiceLink and/or its affiliates are unable to affect cancellations of signing appointments. Due to the fact that our clients refuse to pay for such cancellations of closing appointments, ServiceLink and/or its affiliates are unable to compensate you for these cancellations and any signing agent errors, which might result in a second signing.

We look forward to a mutually profitable and beneficial relationship.

Sincerely,

John Garner
Director, Vendor Management



Title Company Closing Agent Contract

Name or Company Name: _____

Contact: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Primary Phone: (____) _____ Home Office Cell

Secondary Phone: (____) _____ Home Office Cell

Fax: (____) _____

Email: _____

Notary License Number: _____ (In addition, please provide notary license number, photocopy of notary license and background checks for all notaries employed in your firm who may be assisting you in the loan closing process.)

State: _____

Expiration Date: _____

Years Experience: _____

Photocopy of Notary License (Mandatory): Attached

Photocopy of current government issued ID (Mandatory): Attached

Professional Resume (Mandatory): Attached

Professional Errors and Omissions Liability Coverage: Yes No

E&O Expiration Date: ____/____/_____
(Please attach photocopy of current E&O declaration page)

Do you currently, or have you had within the past five years any claims or judgments filed against you relative to a real estate transaction? Yes No
(If yes, please attach a detailed explanation.)



Supplier Diversity Questionnaire

In an effort to identify diverse businesses within our supply chain, please complete the following questionnaire. Your participation is strictly voluntary. If you have any questions, please contact your ServiceLink representative.

Company Ownership

Is the company at least 51% owned, operated, and controlled by one or more U.S. Citizens?

Yes No

Business Types

(The company must be at least 51% owned, controlled, and actively managed by an individual or individuals that meet one or more of these business types)

Check the box next to the business types that matches your type of diverse business.

- Minority Business Enterprise (MBE)
 - African American Male
 - African American Female
 - Asian Indian American Male
 - Asian Indian American Female
 - Asian Pacific American Male
 - Asian Pacific American Female
 - Hispanic American Male
 - Hispanic American Female
 - Native American Male
 - Native American Female
- Women-Owned Small Business Concern (WBE)
- Lesbian Gay Bisexual and Transgender Business Enterprise
- Veteran Business Enterprise (VBE)
- Disabled Veteran-Owned Enterprise (DVBE)
- Disabled Business Enterprise (DBE)
- Small Business Enterprise (Certified by U.S. SBA) (SBE)
- HUBZone Small Business Concern
- 8(a) Business Concern
- Historically Black College and University (Part B Institution)

- Small Disadvantaged Business Concern
- Not Applicable

Certification(s)

Check the box next to the certification category that matches the agency that issued your company's certification.

- DOT, State, City, and Other Diversity Certifications
- US Small Business Administration (Federal)
- NMSDC Certification
- WBENC Certifications
- NGLCC Certifications
- Other: _____
- Not Applicable

Certification Information

*Please include a copy of your certification with this questionnaire.

Agency:

Certification Type (MBE, WBE, LGBT, VBE, DVBE, DBE, SBE, etc.):

Certification Number:

Expiration Date:

By signing below, I attest that all information presented in this contract agreement is truthful, and I agree to comply with the terms and conditions of this agreement set forth herewith. It is understood and agreed by you that all references herein to Servicelink apply equally to Servicelink's affiliates and subsidiaries, including, without limitation, any joint venture to which Servicelink is a party.

Company name: _____

Print name of business owner: _____

Signature: _____

Date: _____



Title Company Closing Agent References

Business Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____

Email: _____

Contact: _____ Years Affiliated: _____

Explain your experience:

Business Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____

Email: _____

Contact: _____ Years Affiliated: _____

Explain your experience:

Business Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____

Email: _____

Contact: _____ Years Affiliated: _____

Explain your experience:



Gramm-Leach-Bliley (GLBA)

As you know, the privacy regulations and information security guidelines issued by the federal financial regulators pursuant to Title V of the Gramm-Leach-Bliley Act ("GLBA") went into effect on July 1, 2001. Pursuant to those regulations and guidelines, covered financial institutions and service providers with access to confidential data are required to ensure that all service providers and marketing partners who have access to customer information provide for confidentiality and security of such information. To facilitate our ability to demonstrate compliance with the privacy requirements of GLBA, we ask that you agree to the following, which will apply to all data provided to you by ServiceLink or any of its affiliates or subsidiaries.

As used herein, the term "Customer Information" shall mean any "nonpublic personal information" about the "customers" and "consumer" (as those terms are defined in Title V of the Gramm-Leach-Bliley Act and the privacy regulations adopted thereunder) of ServiceLink. "Service Provider" shall mean the party accepting below as "Service Provider" and each of its affiliates and subsidiaries that are now or hereafter may be providing any goods or services to ServiceLink.

1. Service Provider hereby agrees that, except as may be reasonably necessary in the ordinary course of business to carry out the activities to be performed by Service Provider under its agreement(s) with ServiceLink or as may be required by law or legal process, it will not disclose any Customer Information to any third party other than affiliates of Service Provider or ServiceLink.
2. Service Provider hereby agrees that it will not use any Customer Information other than to carry out the purposes for which, such Customer Information was disclosed by ServiceLink unless such other use is (a) expressly permitted by a written agreement executed by ServiceLink, or (b) required by law or legal process.
3. Service Provider agrees to take all reasonable measures, including without limitation such measures as it takes to safeguard its own confidential information, to ensure the security and confidentiality of all Customer Information, to protect against anticipated threats or hazards to the security or integrity of such Customer Information and to protect against unauthorized access to or use of such Customer Information.
4. Throughout the term of the Agreement, Service Provider shall implement and maintain 'appropriate safeguards' as that term is used in section 314.49(d) of the FTC Safeguard Rule, 16 C.F.R. part 314 (the "FTC Rule") for all 'customer information' as that term is defined in section 314.2(b) of the FTC Rule, owned by ServiceLink and delivered to the Service Provider pursuant to this agreement.
5. Service Provider shall promptly notify ServiceLink in writing of each instance of (i) unauthorized access to or use of that customer information that could result in substantial harm or inconvenience to a customer of ServiceLink or (ii) unauthorized disclosure, misuse, alteration, destruction or other compromise of that customer information.
6. Service Provider shall indemnify, defend and hold harmless, ServiceLink for security breaches, violations of GLBA caused by Service Provider's negligence or misconduct, and loss or material alteration of customer information.

Please confirm your agreement to these terms by signing at the bottom of this page. In order to be a qualified vendor doing business with ServiceLink you must accept the terms stated herein.

It is understood and agreed by you that all references herein to ServiceLink apply equally to ServiceLink's affiliates and subsidiaries, including, without limitation, any joint venture to which ServiceLink is a party.

Signature _____

Date ____/____/____



The security of borrower information is of the highest importance to ServiceLink and our clients. In order to comply with the requirements of The Gramm-Leach-Bliley Financial Services Modernization Act (GLBA), other laws and various client contracts, ServiceLink has instituted a policy requiring criminal background screenings for all Signing Agents.

ServiceLink values its relationships with the signing agents in our network and we have tried to keep these requirements as flexible as possible to minimize the cost and simplify the compliance process as much as possible. To satisfy these requirements all individual signing agents must take one of the following actions to comply with this new policy:

1. Provide a copy of a Certificate from the GLBA-Compliant National Notary Association (NNA) program. The NNA has a single source Certification Background Screening Solution. **The Certification must have been issued within the last two years and is required to be renewed every two years before expiration.**

You can contact the NNA at 800-876-6827 or www.nationalnotary.org.

2. If you have had a background check performed by a reputable firm, then the background check may be acceptable so long as it is no more than 2 years old. Any such pre-existing background check must meet the requirements of our clients. Our client(s) may accept or reject the screening based on the report results.
3. If you do not have a background check at the time of completing this agreement you can obtain one from Acxiom at the discounted rate of \$54.00 by visiting their website at <http://mybackgroundreport.com> or <https://aisreports.acxiom.com/consumer/contractor.asp>

Enter partner code SERV4727 and click "I am a New User", and proceed as instructed.

Once report is received, please fax to 866-834-7479, Attention Vendor Management.

4. If you are an attorney who is directly supervising or performing the closing, please disregard the above 3 options however you must provide us with evidence that you are currently a member in good standing of your State Bar Assoc.

In addition to choosing one of the above 4 options, you also must sign a Notice, Authorization and Release Regarding Existing Certificates and/or Investigative Consumer Reports which authorizes ServiceLink to disclose and provide to our client(s) copies of all background checks, certifications, notes, worksheets, matrices and other information received or compiled by ServiceLink. A copy of this is included in this package.

If you submit a background check pursuant to Paragraph 2, above, you must also submit a Statement of Residence and Employment so that we can fully evaluate the background check report.

If you choose not to comply with this new policy, ServiceLink will be required to restrict the signings that you can perform based on our client's specific requirements. In this case, it may also be necessary to remove you from our signing agent database.

NOTICE, AUTHORIZATION AND RELEASE REGARDING EXISTING CERTIFICATES AND/OR INVESTIGATIVE CONSUMER REPORTS

I have provided or will provide to ServiceLink a copy of my Certificate from the GLBA-Compliant National Notary Association (“NNA”) background screening program. I HEREBY AUTHORIZE ServiceLink to release, disclose and/or provide a copy of said Certificate to any client, customer, lender or other financial institution for whom ServiceLink provides settlement or other services so as to evidence that I meet the requirements, qualifications and standards imposed by such lender or financial institution on persons who receive or have access to consumer financial information or other confidential information.

FURTHER, I HEREBY AUTHORIZE ServiceLink to release, disclose and/or provide a copy of any and all forms, questionnaires, investigative reports, background checks, evaluations, analysis or other information that I have provided or caused to be provided to ServiceLink, or which ServiceLink has prepared, to any customer, client, lender or other financial institution for whom ServiceLink provides settlement or services so as to evidence that I meet the requirements, qualifications and standard imposed by such customer, client, lender or financial institution on persons who receive or have access to consumer financial information or other confidential information.

I hereby agree and understand that this Authorization and Release will remain valid as long as I provide any services for or to ServiceLink and throughout my affiliation with ServiceLink. The matters and information which are covered by this Authorization and Release include, but are not limited to, information concerning my criminal history, motor vehicle history, social security number, character, or any other information requested. As used herein ServiceLink means the ServiceLink division of any of the Fidelity National Financial, Inc. title insurers and any of its subsidiaries and/or affiliates.

I hereby release ServiceLink, to the full extent permitted by law, from any liability or claims arising from releasing, disclosing, providing and/or reporting information concerning me to any party pursuant to this Authorization and Release.

I agree that a copy or fax of this document shall be as valid as the original.

_____ Signature	_____ Date
_____ Print	_____ Vendor ID

STATEMENT OF RESIDENCE AND EMPLOYMENT

PLEASE PRINT CLEARLY. INFORMATION THAT IS NOT LEGIBLE WILL CAUSE DELAY.

I. IDENTIFYING INFORMATION

Last Name	First Name	Middle Name
- - - Social Security Number	month ____/day ____/year ____ Date of Birth (month & day required/Year optional)	
Former Names/other names used: _____	Date of Name Change _____	

II. The addresses where I have resided and been employed during the past seven years are as follows:

RESIDENCE:

CURRENT: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE COUNTY YEARS

FORMER: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE COUNTY YEARS

FORMER: _____
FULL STREET ADDRESS APT. # CITY STATE ZIP CODE COUNTY YEARS

(ATTACH ADDITIONAL SHEET IF NECESSARY)

EMPLOYMENT:

CURRENT EMPLOYER NAME: _____

FULL STREET ADDRESS APT. # CITY STATE ZIP CODE COUNTY YEARS

FORMER EMPLOYER NAME: _____

FULL STREET ADDRESS APT. # CITY STATE ZIP CODE COUNTY YEARS

FORMER EMPLOYER NAME: _____

FULL STREET ADDRESS APT. # CITY STATE ZIP CODE COUNTY YEARS

(ATTACH ADDITIONAL SHEET IF NECESSARY)

gCheck here if additional addresses and/or employers are listed on an attached sheet.

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION CONCERNING ME IS COMPLETE AND ACCURATE.

SIGNATURE

DATE

PRINT

VENDOR ID

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



4000 Industrial Boulevard • Aliquippa, PA 15001
Phone: 888-381-7381 • Fax: 866-834-7479

Signing Agent Responsibilities, Code of Conduct and Agreement

ServiceLink and/or its affiliates have chosen you on behalf of our clients to conduct witness closings by performing the responsibilities listed below. It is imperative that the closing instructions provided to you be strictly followed and that you conduct yourself with the utmost professionalism. Therefore, we ask that you agree to the following:

- You must:
 - witness the execution of each document provided to you and notarize each party's signature on each document containing a notary block.
 - be able to describe the function of each document in the closing package.
 - Strictly follow the closing instructions provided to you by ServiceLink.
 - NOT accept any cash or checks made payable to you.
 - Promptly deliver all executed documents to ServiceLink as instructed in the scheduling confirmation sheet.
- Be on time. If you feel you will be even a minute late, call the borrower **prior** to the scheduled appointment time and advise them of your delay.
- Dress in a business-like and professional manner. Do not wear jeans, shorts, gym shoes or other inappropriate attire.
- Do not accept calls during the closing. Turn your cell phone off. The customer must have your complete attention. Do not leave the borrower alone to sign the documents, you must witness that each party signs all documents as their name appears on the documents.
- Be patient.
- You should not answer questions regarding the conditions and terms of the loan or the legal effect of any document. The borrowers may need to contact the Loan Officer during the closing if they have questions regarding the loan documents or terms. If you cannot contact the Loan Officer based on the contact information provided in the closing package, you should immediately contact your ServiceLink Closing Coordinator as indicated on the scheduling confirmation sheet at (800) 439-5451. All questions of substance should be referred to the Loan Officer or ServiceLink.
- If the client refuses to sign any document immediately contact your closing coordinator as indicated on the scheduling confirmation sheet (800) 439-5451.
- Respect the importance of this transaction to the companies you represent.
- You agree to complete any training that ServiceLink reasonably requires.

Thank you in advance for your efforts in extending high standards of professionalism and excellence to each and every client.

I have read, understand and agree to the Responsibilities and Code of Conduct stated above.

Signature _____ Date _____