

| Post Closing Information Form |
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| For Initial Shipment of Collateral File |
| 1. Applicant Institution's Complete Name |
| 2. Applicant Mailing Address |
| 3. Applicant Overnight Mailing Address |
| 4. Are you a MERS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ORG ID _____ |
| Post Closing Department Head |
| Name E-Mail Address Direct Number Fax Number |
| Post Closing Representative |
| Name E-Mail Address Direct Number Fax Number |
| When completed, the MPF Representative will send a copy to Wells Fargo Bank, Program Custodian, to enable it to reach your key post closing staff whenever necessary. |