

EZ-REFI PROGRAM APPLICATION

The EZ-Refi Program is for those loans that are currently insured by CMG Mortgage Insurance Company (CMG MI). The submitting lender must be the current originator or servicer and must have the original underwriting file. Refer to CMG MI's website at www.cmgmi.com for program requirements. If you have any questions, please contact CMG MI at 888.746.6264. **Please fax the fully completed, signed and dated CMG MI EZ-Refi Program Application, along with required documentation to 888.763.2264.**

| CMG MI Master Policy #: _____ - _____ - _____ CMG MI Customer Name: _____ Address: _____ _____ _____ | CONTACT INFORMATION: Name: _____ Phone #: _____ Fax #: _____ Email: _____ | | | | | | | | | | | | |
|---|---|---------------|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| Current CMG MI Certificate #: _____ Current Loan #: _____ New Refinance Loan #: _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Borrower Name(s)</th> <th style="text-align: left;">FICO</th> <th style="text-align: left;">Credit Source</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Overall Loan Rep FICO: _____ | Borrower Name(s) | FICO | Credit Source | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | SUBJECT PROPERTY ADDRESS: _____ _____ _____ Appraised Value: _____ <input type="checkbox"/> New appraisal (Value is based on a new appraisal and the lender represents that the value is appropriately supported by the appraisal.) <input type="checkbox"/> Original appraisal (Value is based on the original appraisal and the lender represents that the value has not declined since the original appraisal.) |
| Borrower Name(s) | FICO | Credit Source | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| Provide the terms of the refinance that apply: Loan Amount: \$ _____ Premium Financed: \$ _____ Total Loan Amount: \$ _____ Interest Rate: _____ Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other _____ Subordinate Financing: \$ _____ Amortization Term: _____ months | Adjustable Rate/Adjustable Payment Data: Initial Payment Rate: _____ % ARM 1 st /Next Interest Rate Adj: _____ / _____ mos ARM 1 st /Next Interest Rate Cap: _____ / _____ % Temporary Buydown Information: <input type="checkbox"/> 1-0% <input type="checkbox"/> 2-1% <input type="checkbox"/> 3-2-1% <input type="checkbox"/> Other _____ Frequency of Buydown Adjustments: _____ months | | | | | | | | | | | | |
| MORTGAGE INSURANCE COVERAGE: Coverage: _____ % Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing (Renewal Type not applicable for CMG Single Premium) Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Premium Financed not applicable for Monthly Payment Plans) Refund Type: <input type="checkbox"/> Refund <input type="checkbox"/> No Refund | | | | | | | | | | | | | |
| Payment Plan: <input type="checkbox"/> EZ Monthly SM <input type="checkbox"/> CMG Single Premium <input type="checkbox"/> MONTHLY <input type="checkbox"/> Super Split Premium <input type="checkbox"/> Level Annual <input type="checkbox"/> Other _____ | | | | | | | | | | | | | |
| <p>Customer represents that all of the information provided in this application is true, accurate and complete and conforms to applicable CMG MI program requirements in effect at the time of application. Insurance coverage is provided by CMG MI in reliance on the representations of the applicant. Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal or civil penalties. (A fraudulent insurance act is a crime in Kentucky, New Mexico and New York.) (In Maine, criminal penalties may include imprisonment, fines or denial of insurance benefits.)</p> | | | | | | | | | | | | | |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE _____ | PRINT NAME _____ | | | | | | | | | | | | |
| DATE SIGNED _____ | | | | | | | | | | | | | |

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The submitting lender must be the current originator or servicer and must be able to provide the original loan file and the refinance file to CMG MI upon request. The loan must be submitted to the Underwriting Network Office for review and approval.

Required Documentation to be submitted to CMG MI:

1. CMG MI EZ-REFI Program Application
2. Uniform Residential Loan Application (Fannie Mae1003/Freddie Mac 65)
3. Uniform Underwriting Transmittal Summary (Fannie Mae 1008/Freddie Mac 1077) with income and assets.

Fax the fully completed CMG MI EZ-REFI Application, signed and dated by an authorized representative of the Master Policyholder, along with the required documentation to:

CMG MI Underwriting Network Office Fax #: 888.763.2264

CMG MI Underwriting Network Office Phone#: 888.746.6264