

## MORTGAGE BROKER COMPENSATION CHANGE REQUEST

Changes to the Lender Paid Compensation Plan, may be reviewed and if applicable changed every sixty (60) days or thereafter, on the first of each month with 5 business days' notice. The new Lender Paid Compensation Plan will remain in effect for a minimum of 60 days from the date of the change. The subsequent date on which the Broker selects a new Lender Paid Compensation Plan will be the new Effective Date of the newly selected Lender Paid Compensation Plan and will remain in effect for a minimum of 60 days. The Lender Paid Compensation in effect will be determined by either the Forward Lock date or the date the loan is submitted to LHFS.

Company (Legal Name): \_\_\_\_\_

Company DBA: \_\_\_\_\_

Approved Location (if applicable): \_\_\_\_\_

Please complete this complete this compensation form and email to: [TPOApprovals@LHFS.com](mailto:TPOApprovals@LHFS.com)

Date of Change: \_\_\_\_\_

**Lender Paid Compensation:** \_\_\_\_\_

(Max LPC 2.875%. Must be in increments of one eighth of one percent 0.125%)

**Required:** Include Flat Fee of \$595 in Pricing?  Yes  No

(Flat fee not available for LPC of 2.875%)

**Optional:** Minimum: \$ \_\_\_\_\_ Maximum: \$ \_\_\_\_\_

(Maximum compensation on any loan will be \$30,000)

Please indicate your default setting in the pricing engine:

Include Admin Fee – Yes ("Fees In")  Include Admin Fee – No ("Fees Out")

**Certification:** The authorized signed indicates by his/her signature below that this compensation election is approved for the broker firm and further certifies that the submitted plan is in compliance with the Final Rule's prohibition on receiving compensation in an amount that is based on any of a loan transaction's terms or conditions.

IN WITNESS WHEREOF, each of the parties hereto has caused this Agreement to be duly executed as of the date last written below.

**Authorized Representative of Mortgage Broker:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

**Land Home Financial Services, Inc.**

By: \_\_\_\_\_

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