

Midland Mortgage Broker Compensation Plan

Please return completed form to: Wholesale@MidlandMortgageCorp.com

1. Select one of the "Lender Paid Compensation" options below.
2. Select "Maximum and Minimum Compensation" below.
3. Signature of Authorized Officer or Owner to acknowledge the selections made below.
4. If you do not return this form completed and signed by the end of the Open Enrollment Period, your company's Lender-Paid Compensation plan will remain in effect. Revisions will not be accepted after the enrollment period.
5. Plans can only be changed on a quarterly basis.
6. Plans will apply to all approved branches.

Broker Company:

Name: _____

Address: _____

Midland Broker ID: _____

Pick one of the following:

- | | |
|--|--|
| <input type="checkbox"/> 0.250% of the loan amount | <input type="checkbox"/> 1.250% of the loan amount |
| <input type="checkbox"/> 0.500% of the loan amount | <input type="checkbox"/> 1.500% of the loan amount |
| <input type="checkbox"/> 0.750% of the loan amount | <input type="checkbox"/> 1.750% of the loan amount |
| <input type="checkbox"/> 1.000% of the loan amount | <input type="checkbox"/> 2.000% of the loan amount |

State your maximum and minimum compensation:

Minimum: _____

Maximum: _____

Broker Company Authorized Officer / Owner:

Name: _____

Title: _____

Phone: _____

Email: _____

By signing below, you are validating that you are authorized on behalf of the company listed above to make the decision on the selected compensation plan.

X _____

Date: _____