Loan Servicing Activation Form

"Focusing On Your Benefit"

Capital Benefit Mortgage, Inc.

Lender Information

Lender Name(s): _____Co. Name: _____

Address: _____

City: _____ State: _____Zip: _____

☐ Mail Loan Servicing Trust Check to Above Address

☐ Mail Loan Servicing Trust Check to:

_____

Social Security / Tax I.D. # _____Work Phone: _____

Home Phone: _____Fax: _____ Email: _____

Borrower Information

Name(s): _____

Mailing Address: _____

City: _____State: ____ _____Zip: _____

Property Address (if different): _____

_____

Social Security / Tax I.D. #: _____Work Phone: _____

Home Phone: _____Cell Phone: _____Email: _____

Loan Information

☐ 1st Trust Deed ☐ 2nd Trust Deed ☐ Fixed Rate ☐ Variable Rate

☐ Other: _____

Original Loan Amount: _____Interest Rate on Note: _____

First Payment Start Date of Loan: _____

Current Principal Balance: _____ Next Payment Due: _____

Amount of Payment: _____ Maturity Date of Note: _____

Late Payment Charge of: _____ After Grace Period of: _____

Frequency of Payments: ☐ Monthly ☐ Quarterly ☐ Other: _____

Prepayment Penalty? ☐ Yes ☐No

_____ _____

Lenders Signature Date Lenders Signature Date