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# State of New Hampshire

## Banking Department

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### NEW HAMPSHIRE SPECIFIC INSTRUCTIONS FOR NH BRANCH MANAGERS

**MU2 FILING AND ATTACHMENTS** - For purposes of filing Forms MU3, ***each individual listed as a branch manager must file a MU2 Control Persons Information form*** in New Hampshire; they are considered to be *principals* and therefore *control persons* under NH law. That means that for each individual listed on the MU3, the *applicant/licensee* must submit a MU2 Form, a Criminal History Record Information Authorization Form, **one (1)** fingerprint card and a \$55.25 records check fee. All forms may be obtained at our website at [www.nh.gov/banking/consumer.html](http://www.nh.gov/banking/consumer.html).

**CONTRACTS** – If the *applicant/licensee* answers “yes” to question 9, submit copies of all such contracts.

**AMENDMENTS** – The *applicant/licensee* must promptly update information on both the Branch Form MU3 and on the Branch Manger’s Individual Disclosure Form MU2 if it becomes materially inaccurate and when a branch manager leaves the licensee’s employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the branch manager.

# UNIFORM MORTGAGE BRANCH OFFICE FORM FORM MU3 INSTRUCTIONS

## A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU3 is the Branch Office form accompanying the Form MU1-Uniform Mortgage Lender/Mortgage Broker form. An *applicant* for a Mortgage Lender or a Mortgage Broker license may apply for a branch office to *jurisdiction(s)* that have adopted the uniform Form MU3. The *applicant* must also refer to published *jurisdiction*-specific requirements from each *jurisdiction* in which it is applying requirements relating to branch offices.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The desired effective date is the date *applicant* would like this license/registration or amendment to become effective. Review published *jurisdiction*-specific requirements for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information about a branch office, as required in each applicable *jurisdiction*, by submitting amendments using Form MU3. When making changes to an existing license/registration, check the “amendment” box on line 1, provide all previous information in items 2a through 6a, filing and effective dates, license number where applicable, and complete only the information that is being amended in item(s) 2b through 6b or 7 through 11. Review published *jurisdiction*-specific requirements concerning the return of the prior original license/registration document when submitting the amended Form MU3.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant*’s Form MU1 (company’s main office) as the contact employee will be contacted by *jurisdiction(s)*, if needed, about this branch Form MU3.
7. **RECORDS** – Please identify where records will be kept if the *applicant* intends to maintain records for the branch office at a location other than the main address of the *applicant* or the location specified in item 2(C) on Form MU1.
8. **SURRENDER / CANCEL**– When an *applicant* decides to cease operations under the license/registration, at one or more branches, use the Form MU3 to notify *jurisdiction(s)* by checking the “surrender” box and completing only items 2, 7, and 8. Submit a separate Form MU3 for each branch license that is being surrendered. Send the original license/registration document (if any was issued) to the *jurisdiction(s)* along with the Form MU3 to surrender/cancel. Use the Form MU1 to notify *jurisdiction(s)* if the entire company will cease operations under the license/registration. Review published *jurisdiction*-specific requirements concerning additional specific requirements at closure.

## B. FILING INSTRUCTIONS

### 1. FORMAT

- A. Form MU3 may accompany a new company filing with Form MU1, or may follow the Form MU1 later. A fully completed Form MU3 must be submitted to each applicable *jurisdiction* when the *applicant* is filing for branch authorization the first time. The *applicant* should review *jurisdiction*-specific requirements published by each *jurisdiction* for specific branch filing requirements, including applicable fees.
- B. The Execution section must include notarized original manual signature for the initial Form MU3 filing for each branch office.
- C. Type all information.
- D. Use only the current version of Form MU3 or a reproduction of it.

### 2. ATTACHMENTS

- A. File a Form MU2 for each branch manager identified in item 6 if required by published *jurisdiction*-specific instructions.
  - B. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as (“dba”) name(s) as seen in item 5. Other *jurisdictions* permit the branch office to use only the dba licensed for the company. Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
  - C. Depending on the *jurisdiction*, individual(s) originating mortgage loans at the branch office may need to file a Form MU4. Review published *jurisdiction*-specific requirements to verify the requirements there.
3. **JURISDICTION-SPECIFIC REQUIREMENTS** – Review published *jurisdiction*-specific requirements in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, branch-related bonding, etc.

## C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU3

**APPLICANT** – The mortgage lender or mortgage broker applying on or amending information on this form for a branch license/registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

**JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

**PERSON** – An individual, partnership, corporation, trust, or other organization.

<b>FORM MU3</b>	<b>UNIFORM MORTGAGE BRANCH OFFICE FORM</b>				<input type="checkbox"/> MORTGAGE BROKER
	Applicant full legal name: _____				<input type="checkbox"/> MORTGAGE LENDER
Date of filing (MM/DD/YYYY): _____		Desired Effective Date (MM/DD/YYYY): _____			

License Number information (if applicable) is optional. Use additional sheets if necessary.	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction
	License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction

1.  NEW APPLICATION     AMENDMENT **Complete "b" for the item(s) being amended.**  
 SURRENDER/CANCEL     OTHER (review jurisdiction-specific instructions)

2a.	_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2b.	_____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3a.	_____ Mailing address or P.O. Box (if different from Physical) _____ Mailing address City, State/Country, Zip+4/Postal Code	3b.	_____ NEW Mailing address or P.O. Box (if different from Physical) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4a.	( ) _____ - _____ ext _____ Business (Area Code) and Telephone Number  ( ) _____ - _____ Fax (Area Code) and Number and email address  _____ Branch website (list all websites used by the branch to solicit borrowers)	4b.	( ) _____ - _____ ext _____ NEW Business (Area Code) and Telephone Number  ( ) _____ - _____ NEW Fax (Area Code) and Number and email address  _____ NEW Branch website
5a.	_____ Other Trade names or "dba" used at this branch	5b.	_____ NEW Trade name or "dba" used at this branch
6a.	Each branch must have at least one manager with a completed MU2.  _____ Branch Manager Name	6b.	_____ NEW Branch Manager Name

**EXECUTION:** The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant* and agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete;
- (2) To the extent any information previously submitted is not amended such information is currently accurate and complete;
- (3) That the *jurisdiction(s)* to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the *applicant* for purposes of issuing the subject licenses;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the *applicant* is applying.

	_____	_____	
	Date (MM/DD/YYYY)	Signature of <i>applicant's</i> representative	
	Signed or attested before me: _____		by _____
	Print Notary Public name		Print <i>applicant's</i> representative name
Notary seal here	on this _____	day of _____,	at _____
	Date	Month	Year    State    County
	_____		_____
	Notary Public signature		Notary Appointment Expires (MM/DD/YYYY)

**This execution must always be completed in full with original, manual signature and notarization.  
Affix notary stamp or seal where applicable.**

Applicant full legal name: \_\_\_\_\_

7.	Physical address of location where the official books and records generated by this branch office will be kept. <input type="checkbox"/> Check here if same as previously specified principal records location (Item 2C on Form MU1). If multiple custodians maintain records for this branch, attach a separate sheet and indicate the types of records each custodian keeps. Review requirements from each <i>jurisdiction</i> for specific records retention requirements.			
	_____ Records Custodian Name	( ) _____ - _____ ext _____ Business Phone	( ) _____ - _____ Fax Line	_____ e-mail address
	_____ Number & Street	_____ City	_____ / _____ State / Province & Country	_____ / _____ Zip+4 / Postal Code

8	Enter appropriate number in the box(es) for each <i>jurisdiction</i> by location: Enter "1" if <i>applicant</i> is <b>newly applying</b> in that <i>jurisdiction</i> as a mortgage branch office. Enter "2" if <i>applicant</i> has a <b>pending application</b> in that <i>jurisdiction</i> as a mortgage branch office. Enter "3" if <i>applicant</i> is <b>already licensed/registered</b> in that <i>jurisdiction</i> as a mortgage branch office. Enter "4" if <i>applicant</i> is <b>surrendering/canceling</b> in that <i>jurisdiction</i> as a mortgage branch office.
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	ML	MB		ML	MB		ML	MB		ML	MB
Alabama			Idaho			Montana			Rhode Island		
Alaska			Illinois			Nebraska			South Carolina		
Arizona			Indiana			Nevada			South Dakota		
Arkansas			Iowa			New Hampshire			Tennessee		
California – DOC			Kansas			New Jersey			Texas – OCCC		
California – DRE			Kentucky			New Mexico			Texas – SML		
Colorado			Louisiana			New York			Utah		
Connecticut			Maine			North Carolina			Vermont		
Delaware			Maryland			North Dakota			Virginia		
District of Columbia			Massachusetts			Ohio			Washington		
Florida			Michigan			Oklahoma			West Virginia		
Georgia			Minnesota			Oregon			Wisconsin		
Guam			Mississippi			Pennsylvania			Wyoming		
Hawaii			Missouri			Puerto Rico					

9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting mortgage loans with; (a) with respect to employment? (b) with respect to compensation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	Other than the entity, is anyone responsible for the expenses or have a financial interest in the activities of this branch? (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: _____ (b) If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Address, City, State/Province, Zip/Postal Code	Telephone	IRS Tax No., SSN, or Employer ID#	Separately Licensed? YES NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO