Lender / Investor Information Setup

Beneficiary:

Beneficiary Name: _____

Beneficiary Vesting (if different from Beneficiary Name): _____

Beneficiary Address: _____

Beneficiary City, State Zip: _____

Beneficiary Example:
Beneficiary Name: ABC, LLC
Beneficiary Vesting: ABC, a California Limited Liability Company
Beneficiary Address: 456 Main St.
Beneficiary City, State Zip: Irvine, CA 92614

Loss Payable Endorsement

Loss Payable Endorsement: _____

Loss Payable Endorsement Example:
Example 1: ABC, LLC
Example 2: ABC, LLC ISAOA
Example 3: ABC, LLC Its successors and/or Assigns

Servicer: (if not FCI) if same as Beneficiary enter "Same"

Servicer Name: _____

Servicer Address: _____

Servicer City, State Zip: _____

Servicer Example:
Servicer Name: FCI Loan Services, Inc.
Servicer Address: Po Box 27370
Servicer City, State Zip: Anaheim, CA 92809