

**UNIFORM PRE-NOTIFICATION MORTGAGE BIOGRAPHICAL STATEMENT & CONSENT FORM  
FORM MU2 INSTRUCTIONS**

**A. GENERAL INSTRUCTIONS**

1. **PRE-NOTIFICATION** – Pre-Notification Form(s) MU2 must be manually submitted to notify relevant state mortgage regulators outside of NMLS concerning changes to certain information on their company license record of information.
2. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
3. **DATES** – The Pre-Notification date is the date *licensee* submits this form to the *jurisdiction(s)*. The desired effective date is the date *licensee* would like this pre-notification to become effective. Review Pre-Notification Table for effective date expectations.
4. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.

**B. FILING INSTRUCTIONS**

**1. FORMAT**

- A. Submit a completed Pre-Notification Form MU2 to each *jurisdiction* when the *licensee* is notifying for the first time.
- B. Type all information.
- C. Use only the current version of Pre-Notification Form MU2 and its Schedules or a reproduction of them.

**2. PRE-NOTIFICATION PROCESS**

Step 1: Company consults the NMLS Pre-Notification Event list (Table A) to verify the business event occurring in their company requires pre-notification through the NMLS Pre-notification process.

Step 2: Company completes the appropriate NMLS Pre-Notification Form detailing the event. Forms can be found as adobe acrobat® fillable forms on the NMLS Resource Center.

Step 3: Company gathers relevant documents that may be required as part of the pre-notification event. A checklist of required documents is listed on each Uniform Pre-Notification Form.

Step 4: Company submits their NMLS Pre-Notification Forms and supporting documents to all jurisdictions in which they are licensed via email, the US Postal System or other similar method. NMLS Resource Center will maintain the contact information for each state regulator concerning submission of NMLS Pre-notification Forms.

Step 5: Regulators review the NMLS Pre-Notification Forms and additional documents to ensure the licensee has satisfied their obligation of pre-notification for the event described.

Step 6: Regulators communicate with the licensee to 'Approve' or 'Reject' the pre-notification event or Pre-Notification Uniform Form or documentation. Communication should be within 5 business days of the Effective Date requested on the Uniform Pre-Notification Form(s).

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Step 7: The licensee will make the changes in NMLS on or shortly after the effective date by inputting the information submitted on their NMLS Pre-notification Form into their record in NMLS.

Step 8: Regulators will review changes in the NMLS record to ensure the changes coincide with the submitted NMLS Pre-notification Form and make any necessary updates to license status.

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<b>FORM MU2</b>	<b>BIOGRAPHICAL STATEMENT &amp; CONSENT</b> <b>UNIFORM PRE-NOTIFICATION MORTGAGE LENDER/MORTGAGE BROKER FORM</b>					
		Date of pre-notification submission (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
NUMBER OF DAYS REQUIRED FOR PRE-NOTIFICATION: _____						
<b>1. Individual's identifying information:</b> (A) Full last, first and middle names: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>_____ Last Name</span> <span>_____ First Name</span> <span>_____ Full Middle Name</span> <span>_____ Suffix (if any)</span> </div> (B) Social Security Number: _____ (C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country/Province of Birth: _____ (G) List all names(s) , other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary). <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>_____ Name</span> <span>_____ Name</span> <span>_____ Name</span> <span>_____ Name</span> </div>						
(I) Employer Name (Mortgage Lender/Mortgage Broker): _____						
(J) Office of Employment address: (do not use a P.O. Box) _____ <input type="checkbox"/> If this address is your private residence, check this box. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>_____ Number &amp; Street</span> <span>_____ City</span> <span>_____ State / Province &amp; Country</span> <span>_____ Zip+4 / Postal Code</span> </div>						
(K) Current Residence address (if different from employment address): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>_____ Number &amp; Street</span> <span>_____ City</span> <span>_____ State / Province &amp; Country</span> <span>_____ Zip+4 / Postal Code</span> </div>						
(L) Telephone Numbers and e-mail address: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>( ) _____ Business Phone</span> <span>( ) _____ Cell Phone (optional)</span> <span>( ) _____ Fax Line (optional)</span> <span>_____ e-mail address (optional)</span> </div>						
<b>2. Individual's Acknowledgment &amp; Consent:</b> I swear or affirm that I have executed this form before a Notary Public, of my own free will and: (A) I have read and understand the items and instructions on this form; (B) My answers (including attachments) are true and complete to the best of my knowledge; (C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers; (D) I authorize all my current and former <i>employers</i> , law enforcement agencies, and any other <i>person</i> to furnish to any <i>jurisdiction</i> , or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former <i>employers</i> , complete reasons for my termination; (E) I have read and understand applicable federal and state law, and will be in compliance at all times; (F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.						
Notary seal here		_____ Date (MM/DD/YYYY) Signed or attested before me: _____ _____ on this _____ day of _____, Date Month Year		_____ Signature of individual by _____ _____ Print individual's name _____ at _____ Year State County _____ Notary Appointment Expires (MM/DD/YYYY)		
<b>Individual's Acknowledgment &amp; Consent must always be completed in full with original, manual signature and notarization.</b> <b>Affix notary stamp or seal where applicable.</b>						

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

Individual's full legal name: \_\_\_\_\_

**3. Mortgage Lender/Mortgage Broker Employment Representation:**

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the *jurisdiction(s)* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

\_\_\_\_\_ by \_\_\_\_\_  
Company Name Signature of authorized party Print Name and Title of authorized party

***Employment Representation must always be completed in full with original, manual signature.***

**4. Fingerprint Information filing representation:**

☐ I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.

☐ I am applying for a mortgage individual license/registration only in jurisdiction(s) that do not require me to submit fingerprint cards.

**5. Residential History:** Starting with current address provide all residential addresses over the last ten years. Records must contain a complete ten years history without gaps. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country/ Province

**6. Employment History:** Provide a complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. Records must contain a complete 10 year history without gaps. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held (no abbreviations)	Address/City	State and Postal Code	Country/ Province	YES or NO?

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

Individual's full legal name: \_\_\_\_\_

<p><b>7. Other Business:</b> Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-<i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p><b>Details:</b></p>	<p><b>YES</b></p> <p align="center"><input type="checkbox"/></p>	<p><b>NO</b></p> <p align="center"><input type="checkbox"/></p>
<p><b>8. Disclosures:</b> If the answer to any of the following is "YES", provide complete details of all events or proceedings. Send the details to the jurisdictions where you are licensed/registered or requesting licensure/registration. Remember to file updates to these disclosures as needed.</p>		
<p align="center"><b>Financial Disclosure</b></p> <p>(A) Within the past 10 years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p><b>YES</b></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>	<p><b>NO</b></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>
<p align="center"><b>Criminal Disclosure</b></p> <p>(D) Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p> <p>(F)</p> <p>(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</i></p> <p>(2) Been charged with a <i>misdemeanor as described</i> in 8(F)(1)?</p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 8(F)(1)?</p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8(F)(1)?</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>

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

Individual's full legal name: \_\_\_\_\_

<b>Regulatory Action Disclosure</b>	<b>YES</b>	<b>NO</b>
(H) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8(H) or 8(I)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Civil Judicial Disclosure</b>		
(K) (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Customer Arbitration/Civil Litigation Disclosure</b>		
(L) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Termination Disclosure</b>		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>