

ESCROW AGENTS' FIDELITY CORPORATION APPLICATION CHECKLIST

(This form must be typed and all information provided.)

1. **MEMBER NAME** _____
Dept of Fin Protect & Innov License Number for Main office, if issued _____
Dept of Fin Protect & Innov License Number for Branch(es), if issued _____

2. **THIS APPLICATION IS PURSUANT TO** (check one):
 New Main License (a copy of Dept of Fin Protect & Innov form **EL 301** is attached hereto).
 New Branch License (a copy of Dept of Fin Protect & Innov form **EL 302** is attached hereto).
 Stock Transfer (a copy of Dept of Fin Protect & Innov form **EL 17213** and **EL 326** (if required, attached hereto).

3. **PERSONS ASSOCIATED WITH MEMBER** (check one):
 The listing of persons associated with this member is complete and this application does not contain additional pages.
 Additional pages are attached hereto and made a part hereof showing additional listings of persons associated with member.

ALL STOCKHOLDERS (if the escrow company is not owned by an individual(s), please include the name of the "responsible party" representing the ownership entity).

<u>Name</u>	<u>Number of Shares Owned</u>	<u>Seller? Yes/No (Stock Transfer)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL CORPORATE OFFICERS/DIRECTORS

<u>Name</u>	<u>Corporate Title/Director</u>	<u>Remaining post-stock transfer? Yes/No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL CURRENT EMPLOYEES (Main and Branch, if applicable), AND EMPLOYEES ADDED DUE TO NEW BRANCH/STOCK TRANSFER (if applicable), GROUPED BY OFFICE LOCATION (include stockholders and/or corporate officers who are also in day-to day employment, part-time, on-call, independent contractor and temporary-agency employees.)

Main office

<u>Name</u>	<u>Title</u>	<u>Full Time/Part Time/ On-Call/Independent Temporary-Agency</u>	<u>Remaining post-stock transfer? Yes/No</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Branch Office at (location)

<u>Name</u>	<u>Title</u>	<u>Full Time/Part Time/ On-Call/Independent Temporary-Agency</u>	<u>Remaining post-stock transfer? Yes/No</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Branch Office at (location)

<u>Name</u>	<u>Title</u>	<u>Full Time/Part Time/ On-Call/Independent Temporary-Agency</u>	<u>Remaining post-stock transfer? Yes/No</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONS WHO SIGN ON THE TRUST AND/OR GENERAL ACCOUNTS THAT ARE NOT NAMED ABOVE.

<u>Name</u>	<u>Title</u>	<u>Trust/General Signer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. SIGNATURE CARDS (check one):

New Main or Branch License - Full and complete copies of all current signature cards for main and branch(es) trust and general account(s) are attached hereto and made a part hereof. Please note that the "Name of the Bank", "Address" and account designation "Escrow Trust Account" or "Trust Account" or "General Account" must appear on the bank signature card.

Stock Transfer - Full and complete copies of all current signature cards for main and branch(es) trust and general account(s) will be provided immediately after stock transfer completion. Please note that the "Name of the Bank", "Address" and account designation "Escrow Trust Account" or "Trust Account" or "General Account" must appear on the bank signature card.

5. MEMBERSHIP FEES (check one):

New Main or Branch License - Membership fee of \$3,000.00 is enclosed. Please note that only if the application is denied, withdrawn or deemed abandoned by official notification of the Dept of Fin Protect & Innov, may EAFC refund the membership fee less a \$200 fee to cover the cost of administration (Financial Code Section 17320(a)).

Stock Transfer - Membership fee previously paid.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE WITHIN DOCUMENT IS A COMPLETE LISTING OF PERSONS ASSOCIATED WITH THE ABOVE NAMED MEMBER AS OF THE DATE SIGNED BELOW. FURTHER, IN THE EVENT OF CHANGES, I WILL IMMEDIATELY NOTIFY ESCROW AGENTS' FIDELITY CORPORATION. IF ACCEPTED AS A MEMBER OF ESCROW AGENTS' FIDELITY CORPORATION, I AGREE TO COMPLY WITH THE RULES AND REGULATIONS IN EFFECT NOW, OR ADOPTED IN THE FUTURE.

Executed at (city) _____, on (date) _____, 20_____

Member Name _____

By (original signature of corporate officer) _____

Name (typed): _____

Corporate Title: _____

Mailing Address _____

Telephone _____ FAX _____

Please mail or messenger (no faxes) this Application Checklist, with original signature(s), and applicable attachments and fee(s), to:

**ESCROW AGENTS' FIDELITY CORPORATION
11150 W. OLYMPIC BOULEVARD, SUITE 840
LOS ANGELES, CALIFORNIA 90064**