

ESCROW AGENTS' FIDELITY CORPORATION STATUS NOTICE

(Please print clearly and complete all applicable sections.)

To use this form, the Employee must have a completed Certificate Application and two (2) passport-size color photographs on file with Escrow Agents' Fidelity Corporation (EAFC) and been employed by a Member within the preceding year. A Temporary or Freelance Individual may use this form to communicate Status Changes.

() TRANSFER (\$10 FEE) () TERMINATION (if member holds card please return to EAFC) () STATUS CHANGE

Date of Hire: _____ Date of Termination: _____ Date of Status Change: _____
(for transfer and termination) (for termination only) (for status change only)

() Full or Part-time Employee () Temporary / Freelance individual

Full Legal Name: _____
First Middle Last
 (If this is a change of name, please complete section below with your former name.)

Home Address: _____
Street Apt. # City State Zip Code
 (If this is a new address, please complete section below with your former address.)

Mailing Address: _____

Cell/Home Phone: (_____) _____ Certificate #: _____ Birth Date: _____
(if available)

Social Security #: _____ Driver's License/ID Card#: _____ State: _____

Company Name: _____ Telephone #: (_____) _____

DFPI Main License #: 963- _____ or 96DBO- _____ DFPI Branch License #: 863- _____ or 96DBO- _____

Address Where Employed _____
Address Street Suite # City State Zip Code

Employee's Position(s): _____
Stockholder, Corporate Officer (Position), Director, Trustee, Manager, Escrow Officer, Escrow Secretary, Receptionist, etc.

Previous Employer: _____ Previous Employer's Telephone #: (_____) _____

IF YOU ARE WORKING AT TWO OR MORE ESCROW COMPANIES AT ONE TIME, COMPLETE THE FOLLOWING:

Other Company Name: _____

DFPI Main License #: 963- _____ or 96DBO- _____ DFPI Branch License #: 863- _____ or 96DBO- _____

FOR CHANGE OF NAME, ADDRESS, AND/OR OFFICE (WITHIN COMPANY), COMPLETE THE FOLLOWING:

Former Name: _____

Former Address: _____

Former DFPI Main or Branch License #: _____

Former Office Address: _____

The member shall advise EAFC within ten (10) business days of the hire date of a new employee, within ten (10) business days of the date of termination, and within ten (10) business days of any change in employee status. The penalty is \$25 per day for every day that the Member is in non-compliance. [FINANCIAL CODE §17331.1(d)]

Date: _____, 20____ Date: _____, 20____

Executed at _____, California Name: _____ Title _____
(Corporate Officer, Director, Manager or Shareholder Only)

Original Signature of Applicant _____

Original Signature of Member Representative Named Above _____

PLEASE MAIL (DO NOT FAX) THIS FORM WITH APPROPRIATE FEE TO:

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