**NMLS Request for Merger & Acquisition Functionality**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the information below if your institution intends to transfer actively registered Mortgage Loan Originators (MLOs) from another institution as the result of a merger, acquisition, or reorganization. This request can only be made by the Contact Employee or Account Administrator of the institution acquiring MLOs.

|  |  |
| --- | --- |
| \***Indicates Mandatory Information** |  |
|  |  |
| **Acquired Institution Information** |  |
|  |  |
| \*Institution Full Legal Name: |  |
|  |  |
| \*NMLS Institution ID: |  |
|  |  |
| \*RSSD ID: |  |
|  |  |
| \*Subsidiary (Yes or No): |  |
|  |  |
| If Yes, Parent NMLS ID#: |  |
|  |  |
|  |  |
| **Purchasing/Acquiring Institution Information** |  |
|  |  |
| \*Institution Full Legal Name: |  |
|  |  |
| \*NMLS Institution ID: |  |
|  |  |
| \*RSSD ID: |  |
|  |  |
| \*Subsidiary (Yes or No) |  |
|  |  |
| If Yes, Parent NMLS ID#: |  |
| **Transaction Information** |  |
|  |  |
| \*Merger/Acquisition Transaction Date: |  |
|  |  |
| \*Employment End Date with Acquired Institution: |  |
|  |  |
| \* Employment Start Date with Purchasing/Acquiring Institution: |  |

Once the request is approved by the NMLS Entitlement Group, the Acquiring Institution will have this

functionality available for sixty (60) calendar days from the provided Merger/Acquisition Transaction

Date. MLOs transferred through this process will have their existing employment record with the

Acquired Institution updated with the Employment End Date as provided and a new employment

record created with the Acquiring institution using the Employment Start Date as provided.

Institutions are expected to complete the transfer process, including MLO’s attestation to the

employment transfer, within the 60-day time period. NMLS cannot extend the time period for

institutions that make a request after the effective Merger/Acquisition Transaction Date.

The authorizing signature must be either the Contact Employee or Account Administrator for the

Acquiring Institution.

**NOTE:** To help ensure prompt processing, please make sure that the signature is clearly legible.

**I am authorized to submit this request on behalf of the Acquiring Institution identified above, confirm the information above is true and accurate to the best of my knowledge and request access to functionality within NMLS to facilitate the transfer of MLOs from the Acquired Institution identified above to the Acquiring Institution.**

|  |  |
| --- | --- |
| **Acquiring Institution Requestor** |  |
|  |  |
| \*First Name: |  |
|  |  |
| \*Last Name: |  |
|  |  |
| Suffix: |  |
|  |  |
| Title: |  |
|  |  |
| \*Email: |  |
|  |  |
| \*Phone: |  |
|  |  |
| \*Signature: |  |

**Upon completion, please return a copy with signature via fax to 888-466-3013.**

**\*NOTE: The requesting institution is responsible for the accuracy and completeness of any information provided on this form. The NMLS Call Center can only provide technical assistance regarding the use of NMLS. Regulatory or interpretative questions should be directed to your institution’s primary federal regulator or the Consumer Financial Protection Bureau (CFPB).**