



WHOLESALE BROKER USER SELF-ADMINISTRATION AUTHORIZATION

Broker Name: _____

Broker ID: _____

Primary Contact: _____

Phone: _____

The following individuals have the authority to administer user accounts.

Name: _____
Title: _____
Phone: _____
E-mail: _____

Name: _____
Title: _____
Phone: _____
E-mail: _____

Name: _____
Title: _____
Phone: _____
E-mail: _____

Name: _____
Title: _____
Phone: _____
E-mail: _____

The following individuals have the authority to approve user access requests.

Name: _____
Title: _____
Phone: _____
E-mail: _____

Name: _____
Title: _____
Phone: _____
E-mail: _____

I hereby certify that the above individuals are authorized to approve / administer user accounts with MetLife Home Loans, a division of MetLife Bank, N.A, on behalf of the Broker and that such individuals have been advised of the responsibilities associated with such activities.

Officer Signature

Title

Printed Name

Date