



BRANCH APPLICATION FORM

CORPORATE BROKER NUMBER: _____

METLIFE ACCOUNT EXECUTIVE: _____

CORPORATE NAME: _____

DBA: _____

CORPORATE ADDRESS: _____

TAX ID #: _____

PLEASE APPROVE THE FOLLOWING BRANCH LOCATION WITH METLIFE HOME LOANS:

BRANCH ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

BRANCH MANAGER: _____

EMAIL ADDRESS: _____

I hereby certify that the above branch is authorized to conduct business with MetLife Home Loans under the corporate Mortgage Broker Agreement on file and that the mortgage broker is licensed according to state requirements. (Attach copy of license). We also authorize MetLife Home Loans to send faxes to the number provided above.

Broker/Branch Manager Name (Print)

Company Name

Signature

Date

MetLife Home Loans Broker Administration Internal use only:

BROKER #: _____

BRANCH: _____

DATE: _____

COST CENTER: _____