

APPENDIX III-14
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION
ENROLLMENT ADMINISTRATOR AND GINNIE*NET* AUTHORIZED
SIGNATORIES

Public reporting for this information collection is estimated to average 5 minutes, including the time for reviewing instructions, searching existing data sources, completing and finally reviewing the necessary information. Ginnie Mae may not collect this information, and you are not required to complete this form unless it displays a current and valid OMB control number.

The information is required by Section 306(g) of the National Housing Act and/or the Ginnie Mae Handbook, 5500.3 Rev. 1. The purpose of this information collection is to ensure that the pooling and servicing of all Ginnie Mae MBS is conducted in acceptable business standards, and to provide Ginnie Mae with the name of individuals authorized to use GinnieNET. The information will not be disclosed except as permitted by law.

Document Custodian Name: _____

Document Custodian Number: _____ Date: _____

The signatures below represent the personnel designated by the Document Custodian to sign on behalf of the Document Custodian in the capacity of Enrollment Administrator and/or as a Ginnie*NET* Authorized Signer.

Name of Enrollment Administrator Signature

Name of Enrollment Administrator Signature

Name of Ginnie*NET* Authorized Signer Signature

Name of Ginnie*NET* Authorized Signer Signature

Name of Ginnie*NET* Authorized Signer Signature

Name of Ginnie*NET* Authorized Signer Signature

Name of Ginnie*NET* Authorized Signer Signature

Authorized By: _____
Name and Title of Officer Signature

**ENROLLMENT ADMINISTRATOR AND GINNIE*NET* AUTHORIZED
SIGNATORIES**

Issuer Name: _____

Issuer Number: _____ Date: _____

The signatures below represent the personnel designated by the issuer to sign on behalf of the issuer in the capacity of Enrollment Administrator and/or as a Ginnie*NET* Authorized Signer.

Please Note: The Enrollment Administrator (EA) and/or the Ginnie*NET* Authorized Signer must be on the issuer's Resolution of Board of Directors and Certificate of Authorized Signatures.

Name of Enrollment Administrator _____ Signature _____

Name of Enrollment Administrator _____ Signature _____

Name of Ginnie*NET* Authorized Signer _____ Signature _____

Name of Ginnie*NET* Authorized Signer _____ Signature _____

Name of Ginnie*NET* Authorized Signer _____ Signature _____

Name of Ginnie*NET* Authorized Signer _____ Signature _____

Name of Ginnie*NET* Authorized Signer _____ Signature _____

Authorized By: _____
Name and Title of Officer _____ Signature _____