OMB APPROVAL NO. 2503-0033 (EXP. 11/30/2008)

APPENDIX III-9
AUTHORIZATION TO ACCEPT FACSIMILE SIGNED CORRECTION REQUEST FORMS

Public reporting for this information collection is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Ginnie Mae is authorized to collect this information pursuant to Section 306(g) of the National Housing Act and/or by Ginnie Mae's Handbook 5500.3, Rev. 1. The purpose of this collection is to provide the CPTA, an agent of Ginnie Mae, with pertinent data corrections to pools already submitted. The information will not be disclosed except as permitted by law.

_____[ISSUER]_____, [ISSUER NUMBER] an authorized issuer of Ginnie Mae securities shall from time to time in connection with Ginnie Mae's new pool issuance program, submit to the pool processing agent (the "PPA") pools/loan packages for processing. Should we submit pool/loan package documents with defects that are of the kind that can be corrected at the PPA's facilities, we may send by facsimile transmission to the PPA a completed and signed Correction Request Form in customary form, authorizing the PPA to make the correction(s) to our pool/loan package documentation stated on the form. The PPA is hereby authorized to accept such authorization by facsimile transmission provided the authorized signature appearing on the facsimile transmission resembles that of the officer appearing on HUD Form 11702 included in such pool/loan package.

This shall be a continuing authorization from this issuer upon which the PPA may rely until expressly revoked in writing by the company.

_____[ISSUER]_____

_____[ISSUER NUMBER]_____

By:_____

Title:_____

Date:_____

GINNIE MAE POOL ISSUANCE CORRECTION REQUEST FORM

DATE: _____

NAME OF ISSUER:_____

ISSUER NUMBER:_____

Ginnie Mae POOL OR LOAN PACKAGE NUMBER:_____

DOCUMENT DEFECT(S)/CORRECTIVE ACTION REQUIRED:

_____
_____

_____
_____

_____
_____

_____
_____

_____
_____

TO BE COMPLETED BY THE ISSUER:

_____[ISSUER]_____ hereby confirms the above referenced defects and authorizes the Pool Processing Agent (the "PPA") to make the above described corrections for the stated pool/loan package. The revisions do not include signing on the issuer's behalf or adjusting notarizations. In consideration of your so acting on our behalf in accordance with this authorization, issuer hereby agrees to indemnify and hold the PPA, Ginnie Mae and their respective officers and employees harmless from any claim, liability, damage, cost and expense (including reasonable attorney's fees) resulting therefrom.

SIGNATURE OF AN AUTHORIZED OFFICER: TITLE

_____ _____

FOR PPA USE ONLY:

CORRECTION SPECIALIST ASSIGNED: _____

DATE REQUEST IS PROCESSED: _____

DOCUMENT(S) AMENDED:

_____
_____

COMMENTS:

_____

MANAGER'S APPROVAL: _____ DATE:_____