

Loan Originator Compensation Plan Selection Form

**855-GO-IMPAC**

(855) 464-6722

[www.ImpacWholesale.com](http://www.ImpacWholesale.com/)



©2014 Impac Mortgage Corp. NMLS #128231. [http://www.nmlsconsumeraccess.org.](http://www.nmlsconsumeraccess.org/) Rates, fees and programs are subjected to change without notice. Other restrictions may apply. Information is intended solely for mortgage bankers, mortgage brokers, financial institutions and correspondent lenders. Not intended for distribution to consumers, as defined by Section 1026.2 of Regulation Z, which implements the Truth-In-Lending Act. Licensed by the Department of Business Oversight, under the California Residential Mortgage Lending Act (License #4131083). In the state of New York, Impac Mortgage Corp. dba Excel Mortgage.

[www.ImpacWholesale.com](http://www.ImpacWholesale.com/)

Company Name:

Impac Mortgage Corp. (“Impac”) requests brokers to select the Loan Originator Compensation Plan that you want based on the plan selections we offer below. The compensation plan selected applies to all branches of your mortgage company and is binding for all lender-paid loans locked by Impac during the applicable period. For a new broker, your plan selection will start immediately and will remain in effect until you timely contact Impac for a change.

Changes to your compensation plan are only allowed to be made effective at the start of the next calendar quarter. For those changes, Impac must receive the requested change during the last calendar month prior to the next quarter. For example, if the broker wishes to change the plan effective the beginning of the 3rd quarter, July 1st, the broker must submit the requested change to Impac during the month of June and no later than the last business day of June. Changes during the current quarter are not allowed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please select period requested:** |  | | | |
| **Calendar Year:** | **2014** | **2015** | **2016** | **2017** |
| **Calendar Quarter:** | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** |

Please check below the Loan Originator Compensation Plan that you want for the above selection period. If you are to be paid a flat fee in addition to the compensation plan percentage selected, please complete item #2. If you desire a floor and / or ceiling that will restrict your compensation, please complete item #3. Please return the completed form to us promptly at [**client.administrator@impacmail.com**](mailto:client.administrator@impacmail.com)or by fax to **(949) 706-3900.** If you do not notify us

of changes to your compensation plan selection timely, your current compensation plan selection will continue for the next quarterly period. In addition, if you have not previously selected a compensation plan and do not select one using this form, you will be assigned a compensation plan percentage of 2% with no flat fee, floor or ceiling. Please note that if your current compensation plan does not meet the choices available on the attached document, your compensation will roll into our default plan which is **2 %** with no flat fee, floor or ceiling.

**Contact your Account Executive with any questions regarding this form.**

1. **Please check the Loan Originator Compensation Plan percentage you would like below:**

***1.00 % 1.25 % 1.50 % 1.75 % 2.00 % 2.25 % 2.50 %***

1. **If you wish to be paid a flat fee in addition to the compensation plan indicated above in item #1, please indicate the**

**amount of the fee: $500 $750 $1,000**

1. **If you desire a floor and/or ceiling that will restrict your compensation, please complete the section below.**

|  |  |  |
| --- | --- | --- |
| ***Floor:* No Floor** | **$1,000** | **$2,000** |
| ***Ceiling:* No Ceiling** | **$5,000** | **$10,000**  **$15,000** |

Authorized Signature: Print Name:

Date