Deferred Presentment Service Provider Application

START WITH THIS FORM *It contains instructions and a checklist of additional forms and information you will need to attach to ensure that your filing is complete.*

Name of Applicant including dba(s) if applicable

Tax ID number (EIN)

Designated representative *(the contact person responsible for addressing inquiries about this application prior to issuance of a license)*

Name and title

Telephone number *(include area code)*

Number, street and floor or suite number

Fax number *(include area code)*

PO Box

Main company telephone number *(include area code)*

City | State | Zip

Email address

General Instructions

-Complete your application filing. Use the checklist on this form to assure that all required forms and information are included.
-Do not leave any question blank - Enter "N/A" or "None" if not applicable. Incomplete applications will be returned without review and are not considered "filed."
-To change information you entered on any form, draw a line through your incorrect information and initial the change. Do not alter signatures in any way.
-Submit application fees due using Form FIS 2042 Fee Calculation for DPSPs. Follow the directions on form FIS 2042.
-File your application with original signatures. Submit it to the Office of Financial and Insurance Services (OFIS).

The Commissioner will review the application and conduct an investigation to determine that the applicant meets the requirements of 2005 PA 244, The Deferred Presentment Service Transactions Act. If the Commissioner finds that the applicant meets the requirements of 2005 PA 244, the application will be approved. OFIS will mail an original license to each business location (branch office) listed on the application. Upon receipt, post the original license in a conspicuous location. If the application is not approved, you will receive a letter stating the reason for disapproval, possible remedies (if applicable) and instructions for requesting a hearing to contest the disapproval.

Minimum Net Worth Requirements vary based on the number of business locations: *(follow instructions on form FIS 2053 Financial Statement Disclosure)*

Applicants with 1-4 business locations → Applicant must have $50,000 minimum net worth PER LOCATION

Applicants with 5 or more business locations → Applicant must have $250,000 minimum net worth

A Surety Bond *(page 3 of this form)* of $50,000 is required for each licensee. *A single $50,000 surety bond covers all business locations (main and branch offices). Additional business locations (branch offices) DO NOT each require a separate surety bond, but must be subject to the master surety bond.*

Each business location conducting deferred presentment service transactions must be licensed. *If applicant will conduct deferred presentment service transactions from more than one business location, complete form FIS 2041 Branch Activity List for DPSPs. List all Michigan branch offices where applicant will be conducting deferred presentment service transactions. If you do not intend to have a business location in Michigan, enter -0- for General Interrogatories question 1 and proceed to question 2.*

General Interrogatories

Note: You must notify OFIS when opening a new branch office or closing an existing one.

1. At the time of initial licensure, how many locations *(including main office and all Michigan branch offices)* does this company intend to conduct Michigan deferred presentment business from? _____

You will list your main office on page 1 of form FIS 2050. List each branch office on form FIS 2041 Branch Activity List. We will mail the branch license to this address if application is approved.

2. Is applicant the wholly owned subsidiary of a publicly traded U.S. corporation? ☐ Yes ☐ No *If "Yes" proceed to question 3. If "No" complete 2a and 2b below.*

2a. Is the applicant a whole or partial subsidiary of another business entity?
☐ Yes ☐ No

2b. Are any entities whole or partial subsidiaries of the applicant?
☐ Yes ☐ No

If answer to 2a or 2b is yes, attach a chart showing ALL whole or partial controlling and subsidiary entity relationships. Include entire chain of ownership. List name and primary business of each entity. List controlling owner(s) including name and title or percentage of ownership for each listed entity.

Note: This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.

At any time before or after licensure, OFIS may request additional disclosures from persons or entities with ownership or other controlling interest in the applicant.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

3. If you entered -0- for General Interrogatories question 1, describe below how you will conduct business in Michigan: *(attach additional sheet if necessary)*

4. If applicant will be conducting business over the Internet, please list web addresses used. Describe precautions to protect personal privacy and the security of business information. *(attach additional sheet if necessary)*

***Checklist**—use this checklist to ensure that all items are included to constitute a complete filing. Incomplete filings will be returned without review.*

- ☐ FIS 2041 Branch Activity List for DPSPs listing all branch offices where applicant will conduct business.
- ☐ FIS 2050 Entity Application Disclosure, page 1—All applicants must list a Michigan Resident Agent, the person on which process is served in Michigan.
- ☐ On FIS 2050 Entity Application Disclosure, page 2—List for applicant ALL officers of the corporation, members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other controlling persons; partners; sole proprietor; stockholders of 10% or more; members if company is organized as a limited liability company.
- ☐ For each above person, attach form FIS 2051 Affiliation Disclosure with original signature .
- ☐ If applicant has any whole or partial controlling and subsidiary entity relationships (form 2040 page 1 questions 2a and 2b), attach a chart showing all such entity relationships. Include the entire chain of ownership. Provide all information requested in instruction for lines 2a and 2b.
  Note: This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.
- ☐ For questions 1-4 on form FIS 2051, if any response was "Yes," further documentation must be attached. See form FIS 2051 for detailed instructions.
- ☐ FIS 2053 Financial Statement Disclosure—You *may* submit an independently audited financial statement (must be less than 6 months old) in lieu of page 2 of form FIS 2053. The audit must be accompanied by an opinion prepared by a CPA and must include all of the items listed on page 2 of form FIS 2053.
- ☐ If any of the assets in the financial statement are pledged to secure payment of liabilities, you must attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges.
- ☐ All applicants must submit a Surety Bond. Page 3 of this form (FIS 2040) is the bond form prescribed by the Commissioner. Fill in all blanks to complete this form. Do not alter any bond form wording.
- ☐ FIS 2042 Fee Calculation for DPSPs. Check the OFIS website (www.michigan.gov/ofis) to assure you are using the most recent version of FIS 2042. Determine total fee amount due. Attach check or money order for amount due, payable in US Dollars to: State of Michigan-OFIS.
- ☐ When checklist is complete, sign the verification below before a notary public.
- ☐ Make a copy for your records. Send your original filing as instructed below.

Contact OFIS at 1-877-999-6442 toll-free if you have questions regarding the application process

Verification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature | Date signed

Signer's name and title *(typed or printed)*

Certification of Notary Public

State of _____ County of _____
On this _____ day of _____, 20___, before me, the undersigned notary, personally appeared
_____,
personally known to me, or proved to me through government-issued documentary evidence in the form of
_____ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Signature of Notary Public

***Filing Instructions** Be sure that all checklist items are completed and attached. Send application package to:*

By US Mail: **OFIS - DPSP Processing**
PO Box 30224
Lansing, MI 48909-7724

By Courier: **OFIS - DPSP Processing**
3rd Floor
611 W. Ottawa Street
Lansing, MI 48933

Bond–Deferred Presentment Service Provider

Bond Number _____

Complete and attach this form with original signatures to your application form as instructed on the application checklist.
This bond remains in full force and effect for all locations from which Principal conducts deferred presentment activity in the State of Michigan.

KNOW ALL PERSONS BY THESE PRESENTS, That _____

of _____, State of _____ as PRINCIPAL and

_____ of _____ as SURETY are held and firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons who may have a cause of action against the above principal under the provisions of 2005 PA 244, as amended,

in the sum of $ _____ , lawful money of the United States, to be paid to the Commissioner of the Office of Financial and Insurance Services of the State of Michigan on behalf of the People of the State of Michigan, or its assigns, for payment to be well and truly made, we bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally, firmly by these presents.

Whereas, the above bounden principal has received, or is about to receive, a license from the Commissioner, Office of Financial and Insurance Services of

said State of Michigan authorizing the PRINCIPAL to engage in the business of _____

_____ under the provisions of 2005 PA 244, as amended.

The condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of the act and all rules and regulations lawfully promulgated thereunder by the Commissioner, Office of Financial and Insurance Services of the State of Michigan, and will pay to said State and to such person or persons, any and all moneys that may become due or owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions of said 2005 PA 244, as amended, then this obligation shall be void, otherwise it is to remain in full force and effect.

This bond shall be effective _____ and shall be in force for the term ending September 30, 20 ____.

This bond may be continued in force for an additional term or terms by suitable continuation certificates executed by the surety with the approval of the Commissioner, pursuant to such regulations as may hereafter be provided.

Signed, sealed and dated this day, _____ , 20 ____ .

_____
Principal

In the presence of:

_____
Witness

_____
Witness

_____
Principal

_____
Surety

_____
Surety

Branch Activity List for Deferred Presentment Service Providers

Use this form to initially list or update branch offices. Change main office information by amending form FIS 2050 Entity Disclosure. You must enter an actual street address.
To request branch office license(s) with an initial license application: Check box (1). Enter name and EIN as they appear on your application forms. Complete all fields for each branch office. If branch has a number or other branch identifier, include it in the branch name field. Each branch license will be issued in the branch name you enter.
To add a branch to a licensed company: Check box (2). Check "License a branch office" box. Enter licensee name and license number as if appears on your license. Complete all fields for branch office. Attach form FIS 2042 Fee Calculation for Deferred Presentment Service Provider with payment for each branch you are adding.
To remove a licensed branch: Check "Remove branch" box. Complete all *italicized* fields for branch office (branch license number, name and address). There is no fee to remove a branch office. There is no provision to "relocate" a branch. You must remove each closed branch and license each branch at a new location as a new branch.

☐ **(1) This is a request for branch office license(s) pending approval of applicant's license application.**

Name of applicant as entered on form FIS 2040, if licensed, name of licensee as it appears on your Michigan license	Tax ID number (EIN)

☐ **(2) This is a request from a currently licensed company to add or remove branch offices.**

Enter name of licensee as it appears on your Michigan license	License number (as it appears on your MI license)

Action *(choose one)* ☐ Remove branch → ☐ License a branch office

Branch license number (if removing branch)

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Action *(choose one)* ☐ Remove branch → ☐ License a branch office

Branch license number (if removing branch)

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Action *(choose one)* ☐ Remove branch → ☐ License a branch office

Branch license number (if removing branch)

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Filing your completed Branch Activity List
Applicants filing for initial license: Attach to your application filing.
Current licensees who are adding or removing branches send to OFIS

By US Mail to
OFIS-DPS Processing
P.O. Box 30220
Lanisng, MI 48909-7720

By courier to
OFIS-DPS Processing
611 W. Ottawa
Lanisng, MI 48933

Certification: I certify that the information given in and attached to this application is true, complete and correct to the best of my knowledge and belief.

Signature | Date signed

Signer's name and title *(typed or printed)*

Authority: 2005 PA 422. Failure to complete or submit this information, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

This page is a continuation sheet to list additional branches. Duplicate as necessary to complete your filing.

Action *(choose one)* ☐ Remove branch → *Branch license number (if removing branch)* ☐ License a branch office

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Action *(choose one)* ☐ Remove branch → *Branch license number (if removing branch)* ☐ License a branch office

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Action *(choose one)* ☐ Remove branch → *Branch license number (if removing branch)* ☐ License a branch office

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Action *(choose one)* ☐ Remove branch → *Branch license number (if removing branch)* ☐ License a branch office

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Action *(choose one)* ☐ Remove branch → *Branch license number (if removing branch)* ☐ License a branch office

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Action *(choose one)* ☐ Remove branch → *Branch license number (if removing branch)* ☐ License a branch office

Branch office name

Branch manager name

Number, street and floor or suite number

Branch telephone number *(include area code)*

PO Box

Branch email address

City | *State* | *Zip*

Validation code: 08-01-01

Fee Calculation for Deferred Presentment Service Provider

Check only one box to indicate fees accompanying an initial application filing OR fees to license additional business locations for a current licensee.

Name of Deferred Presentment Provider as it appears on your Michigan application or license	Tax ID number (EIN)

Designated representative *(person responsible for inquiries about this fee card and attached payment)*

Name and title	Telephone number *(include area code)*

☐ **This is an initial application for license as a Deferred Presentment Service Provider in Michigan**

All applicants pay one Application (investigation of applicant) fee of $350.00 plus a $100 fee for one main office and for each additional Michigan business location (branch office). Companies with only one or with no business locations in Michigan would enter one (1) on line 1 and $100 on line 3. Application fees (lines 2 and 3) must be included when you make application. They are not refundable under any circumstances.

If the application for license is approved, applicant must pay a $400.00 license fee per location. Applicants can pay this fee with the application so processing will continue uninterrupted when application is approved. Applicants can also choose to be billed for the license fee upon approval of the application. We will not issue a license until license fees are received and processed. **If an application is not approved, any *license fees* that were prepaid (line 4) will be promptly refunded.**

1. Enter the total of ONE main office (located in or out of Michigan) PLUS each *additional* Michigan business location (branch office) where company will transact Deferred Presentment Service business	1.	
2. Application fee-investigation of applicant (non-refundable)	2.	$350.00
3. Application fee per business location (non-refundable): *Multiply line 1 by $100.00*	3.	$ .00
4. License fee: *Multiply line 1 by $400.00. Enter amount on line 4* ***IF*** *you are paying license fee and application fees together*	4.	$ .00

OR *Check if you prefer that we* ☐ Bill for the license fee upon approval of this application (leave line 4 blank)

5. Total Fee Amount Due Now: *Add lines 2, 3 and 4*	5.	$ .00

☐ **This is to add one or more business locations for a Deferred Presentment Service Provider currently licensed in Michigan**

Licensed Deferred Presentment Service Providers pay a $500.00 fee ($100 application fee and a $400.00 license fee) to license each new Michigan business location (branch office). There is no fee to close a business location. A change of location is considered the closing of the existing location and the opening of a new location, for which the $500.00 fee is due. There is no provision to move or relocate an office.

6. Total number of business locations company is adding. Attach form FIS 2041 Branch Activity List for Deferred Presentment Service Providers	6.	
7. Total Fee Amount Due: *Multiply number on line 6 by $500.00 ($100.00 application fee plus $400.00 licensing fee)*	7.	$ .00

Filing Instructions:

Make check for total amount due (line 5 OR line 7), payable in US dollars to: State of Michigan
Attach completed form and check to form FIS 2041 Branch Activity List for Deferred Presentment Service Providers
Submit complete filing to OFIS at the address on form FIS 2041

If you have questions about this form or the Deferred Presentment Service Provider licensing process, contact OFIS toll-free at 1-877-999-6442.

A portion of assessable license fees are collected on this form. The remainder will be collected as a per transaction license fee by the OFIS DPS transaction database provider.

Authority: 2005 PA 244, The Deferred Presentment Service Transactions Act. Failure to complete or submit this form, false statements, or omissions could result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Entity Application Disclosure

Complete and attach this form to your application form as instructed on the application form.
Keep this information current by amending your application when information changes.

Name of Applicant including dba name(s) if applicable

Tax ID number (EIN)

Address 1: Applicant's principal U.S. administrative office *(must include street address)*

check if address is ☐ Our primary mailing address

Number, street and floor or suite number

PO Box

City | State | Zip

Address 2: Company's primary office in Michigan *(must include street address)*

check if ☐ Same as address 1 ☐ This is our primary mailing address

Number, street and floor or suite number

PO Box

City | State **MI** | Zip

Address 3: Primary mailing address *(only if different than address 1 or 2)*

Name

Number, street and floor or suite number

PO Box

City | State | Zip

Michigan Resident Agent * *(person who accepts service of process on company's behalf)*

Name

Number, street and floor or suite number

PO Box

City | State | Zip

** If applicant is a Corporation, Limited Liability Company, or Limited Partnership, Michigan Resident Agent and address must agree with that on file with the Corporation Division of the State of Michigan Bureau of Commercial Services.*

All applicants EXCEPT Deferred Presentment Service applicants: *Attach a report listing all additional Michigan branch offices where applicant will be conducting business. Give street address and name of manager for each branch location. If company keeps the official books, records and related documents in a location other than address 1, 2, or 3 above, please attach an explanation and give the address where such documents are maintained.*
Deferred Presentment Service applicants: *Provide a list of all branch office information on Form FIS 2041 Branch Activity List for DPSPs*

Contact person *(person at this applicant business responsible for addressing inquiries from the Office of Financial and Insurance Services after issuance of a license)*

Name and title

Telephone number *(include area code)*

Number, street and floor or suite number

Fax number *(include area code)*

PO Box

Company website address (URL) if applicable

City | State | Zip

EMail address

1. Company is organized as the following type of business:

- ☐ **Corporation**
- ☐ **Limited Liability Company (LLC)**
- ☐ **Limited Liability Partnership (LLP)**
- ☐ **General Partnership**
- ☐ **Sole Proprietorship**
- ☐ **Other** *(describe)* _____

please enter your 6-digit Michigan I.D. number :

Michigan Corporation ID number

Michigan Corporation information is available at: www.michigan.gov/corporations

2. Company state of organization:

☐ Michigan ☐ Other *(enter state of organization)* _____

3. Company date of organization (mm/dd/yyyy):

Authority: This form is a required attachment for a variety of OFIS application forms. It is authorized under the same public act as the application to which it is required to be attached . Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

4. Identify each of the following in relation to the applicant: ***Attach additional list if necessary***

- **ALL** officers* of the corporation, partners, or sole proprietor
- **ALL** stockholders of 10% (Deferred Presentment applicants only) or 20% (all other applicants) or more. If stockholder is a corporation, list name of corporation, EIN and % of ownership of applicant.
- **ALL** members if company is organized as a limited liability company
- **ALL** members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

** Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer*

Name	Title and/or stock %	Name	Title and/or stock %

Each person listed above must complete and attach form FIS 2051 Affiliation Disclosure. All entities (including corporate stockholders) with an ownership interest in the applicant must appear on a chart of controlling and subsidiary entity relationships. ***These requirements are waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.***

5. Does applicant hold any type of financial services license ***(such as insurance, securities, banking/finance)*** **issued by Michigan or another state?**

☐ Yes ☐ No *If yes, complete below. Attach additional page(s) if necessary.*

State	License number	Type of license	Name of regulatory agency issuing license

6. Give a general description of the applicant's proposed business activities. At a minimum, include a list of services applicant will provide consumers, and how the applicant plans to generate business.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Affiliation Disclosure

Please enter all information as requested. If a question is not applicable or the answer is none, indicate your response as "N/A" or "none." Filing instructions are on page 3.

IMPORTANT: On each attachment to this Affiliation Disclosure, enter Your Name, Name of Applicant Company and Company's Tax ID number (FEIN) in upper right corner.

Name of COMPANY OR CORPORATION making application

Tax ID number (EIN)

PART 1: Check each box below that describes your relationship to the applicant company, or a corporate stockholder of the applicant company.
Each person affiliated with the applicant as described below must complete this Applicant Affiliation Disclosure. Check each box that applies to you.

- ☐ Proprietor
- ☐ Partner
- ☐ Member if applicant is organized as a limited liability company
- ☐ Officer of the corporation
- ☐ Stockholder (see application instructions for percentage owned)
- ☐ Member of the corporation's Board of Directors, Board of Trustees, Executive Committee, or other governing body
- ☐ I am affiliated with a corporate stockholder of the applicant corporation

If applicant is a wholly owned subsidiary of a publicly traded U.S. corporation, you are not required to file this form.

If affiliated party is a Corporate Stockholder, complete this section:

Name of Corporation

State of Incorporation

Percentage of ownership of applicant company _____ %

Corporation Tax ID Number (EIN)

Each person affiliated with this corporate stockholder as an officer, director, or trustee must complete a separate Affiliation Disclosure. ***This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.***

Your NAME (First Middle Last) and TITLE as it relates to the applicant company

Your MAILING ADDRESS *(be sure to keep your mailing address current with our office)*

Address line 1

Address line 2

City | State or Province | Zip or Postal Code

Country (if other than United States)

Your BUSINESS ADDRESS *or check if* ☐ *same as mailing address*

Address line 1

Address line 2

City | State or Province | Zip or Postal Code

Country (if other than United States)

PART 2: Confidential background information disclosure:
By signing below, I indicate that I understand and agree to the following: The Office of Financial and Insurance Services (OFIS) will evaluate my suitability under Michigan law relating to the applicant company I am affiliated with. Error, omission or fraud on this Affiliation Disclosure may result in denial of the company's application, revocation of license if issued, and criminal or civil action against myself and the applicant company. OFIS may use the information below in the conduct of an investigation which may include contact with governmental agencies, credit or other reporting agencies, courts, previous employers and associates. If any information indicates a violation of law, it will be referred to the appropriate authority. If information about me warrants denial of the application, the Office of Financial and Insurance Services will provide the applicant company written notice of the facts, including a statement of the statutory and factual reasons, and the applicant's rights to dispute or appeal such a denial.

Information given below on this page only is confidential. It is NOT a public record and shall not be released under the Freedom of Information Act.

☐ Mr.
☐ Mrs.
☐ Ms.

FULL LEGAL NAME of affiliated person

Jr., Sr., II, III etc.

Your Social Security Number

Your RESIDENCE ADDRESS *(must include actual street address, not PO Box)*

Address line 1

Address line 2

City | State | Zip

Other names with social security numbers under which my tax information is filed

Daytime phone with area code, for questions about this form: ( )

Driver's license number | State

Date of birth (mm/dd/yyyy)

Email address

Other names by which I am known now or have been known by in the past

Certification
I have read the confidential background information disclosure. I understand and agree to it. I swear under penalties of perjury that the information given on and attached to this Affiliation Disclosure is true, accurate and complete.

Signature of affiliated person | Date signed

PART 3:

1. Have you ever been convicted of, or are you currently charged with, committing a crime?

☐ **Yes** ☐ **No** *If yes, attach the following to this Affiliation Disclosure:*

A written statement explaining the circumstances of each incident; a copy of the charging document; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Crime" includes a misdemeanor, felony or a military offense. Exclude misdemeanor traffic citations and juvenile offenses. "Convicted of" includes a finding of guilty by verdict of a judge or jury, having plead guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.

2. Have you or any business in which you are or were an owner, partner, officer, director or member ever been involved in an administrative proceeding regarding any professional or occupational license (including unlicensed activity you were required to be licensed for)?

☐ **Yes** ☐ **No** *If yes, attach the following to this Affiliation Disclosure:*

A written statement explaining the type of license and the circumstances of each incident; a copy of the hearing notice or other document that states charges and allegations; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Involved" means having a license suspended, revoked, canceled, terminated, or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding related to a professional or occupational license. It also means having a license application denied or withdrawal of an application to avoid a denial.

3. Are you presently or have you ever been a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

☐ **Yes** ☐ **No** *If yes, attach the following to this Affiliation Disclosure:*

A written statement explaining the circumstances of each incident; a copy of the petition, complaint or other document that commenced the lawsuit or arbitration; a copy of the official document that demonstrates resolution of the charges or any final judgment.

4. Have you personally or has any business in which you have had an ownership interest (other than stock in a publicly traded company), or served as an officer or director, ever been declared bankrupt or filed for bankruptcy?

☐ **Yes** ☐ **No** *If yes, attach the following to this Affiliation Disclosure:*

A written statement explaining the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy; a copy of the discharge of bankruptcy.

5. Do you hold any type of financial services license (such as insurance, securities, banking/finance) issued by another state?

☐ **Yes** ☐ **No** *If yes, complete below. Attach additional page if necessary.*

State	License number	Type of license	Name of regulatory agency issuing license

6. Please describe your experience in the consumer financial services business. List all consumer financial service firms you have been employed by: *Consumer financial services includes but is not limited to: Mortgage brokering, mortgage lending; mortgage servicing; motor vehicle installment sales; credit card; sale of checks; regulatory loan; and deferred presentment service transactions. Attach additional pages if necessary.*

7. **Will your affiliation with the applicant company be your primary occupation or business activity?**

☐ **Yes** ☐ **No** *If no, what is your primary occupation or business activity?* _____

8. **Please give your employment history for the past ten years. Account for all time and all employment experience. Include full and part-time work, self employment, military service, unemployment and full-time education. Start from the present time and work back 10 years.** *Attach additional pages if necessary.*

Employer name	Location (city, state)	From month year	To month year	Position held
			Present	

9. **Please list all firms, companies, corporations or other business organizations of which you are a director, officer, employee, partner, owner or member.** *Attach additional pages if necessary.*

Name of business	Location (city, state)	Type of business	Position held

Filing Instructions

Be sure that all pages of this Affiliation Disclosure are completed and that any required supplemental information is attached. Check to be certain that the certification statement at the bottom of page 1 is signed. Include with applicant company's application filing, and (unless you are an affiliate of a corporate stockholder) send directly to:

Office of Financial and Insurance Services
611 W. Ottawa Street
PO Box 30224
Lansing, MI 48909-7724

Authority: This form is a required attachment for a variety of OFIS application forms. It is authorized under the same public act as the application to which it is required to be attached . Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Financial Statement Disclosure

File this Financial Statement Disclosure with your application. Report based on the fiscal year of the applicant immediately preceding the date of this application. Use financial data for the applicant or licensee, not the parent company.

You may submit an independently audited financial statement (must be less than 6 months old) in lieu of page 2 of form FIS 2053. The financial statement must be accompanied by an opinion prepared by a CPA and must include all of the items listed on page 2 of this form.

Period this report covers:

Beginning

Ending

Name of Company

Tax ID number (FEIN)

Entity type *(choose one)*

- ☐ Consumer Financial Services-Class I
- ☐ Consumer Financial Services-Class II
- ☐ Deferred Presentment Service Provider

Attention Consumer Financial Services Entities: The Commissioner may by order establish a higher net worth requirement for new Class I and Class II licensees to assure safe and sound operation of the activities.

Instructions for all entities:

Disclose net worth using page (2) of form FIS 2053 or an independently audited financial statement.

Do NOT include the following assets to compute net worth:

(a) That portion of an applicant's assets pledged to secure obligations of any person other than the applicant.
(b) Receivables from officers or, in the case of a corporate applicant other than a publicly traded company, stockholders of the applicant or persons in which the applicant's officers or stockholders have an interest, except that construction loan receivables secured by mortgages from related companies are not so excluded.
(c) An amount in excess of the lower of the cost or market value of mortgage loans in foreclosure or real property acquired through foreclosure.
(d) An investment shown on the balance sheet in joint ventures, subsidiaries, or affiliates that is greater than the market value of the investment.
(e) Goodwill or value placed on insurance renewals or property management contract renewals or other similar intangible value.
(f) Organization costs.

Licensees must maintain net worth requirements while engaging in the licensed business activities.

Verification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature | Date signed

Signer's name and title *(typed or printed)*

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Certification of Notary Public

State of _____ County of _____
On this _____ day of _____, 20___, before me, the undersigned notary, personally appeared

_____,

personally known to me, or proved to me through government-issued documentary evidence in the form of

_____ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Official seal and signature of notary

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Financial Statement Disclosure

You may submit an independently audited financial statement in lieu of page 2.
Page 1 must always be filed. See detailed instructions on page 1.

For the fiscal year ending

MM / DD / YY

Name of Company

Tax ID number (FEIN)

Complete entire statement. Use blank lines to itemize and describe other items. Attach additional pages if necessary.
Place applicant name, tax ID number (FEIN) and fiscal year end in the upper right corner of all attachments.

ASSETS

CURRENT ASSETS

1. Cash _____
2. Notes receivable _____
3. Accounts receivable _____
4. Mortgage loans and contracts receivable _____
5. Stocks, bonds and other investments _____
6. Furniture, fixtures and equipment _____
7. Real estate and buildings _____

Other assets *(describe)*

8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. **TOTAL ASSETS** *(add lines 1 through 17)* _____

LIABILITIES AND STOCKHOLDERS' EQUITY

LIABILITIES

19. Notes payable _____
20. Accounts payable _____
21. Mortgage loans and contracts payable _____

Other liabilities *(describe)* _____

22. _____
23. _____
24. _____
25. _____
26. _____
27. **Total liabilities** *(add lines 19 through 26)* _____

STOCKHOLDERS' EQUITY

28. Common stock _____
29. Preferred stock _____
30. Additional paid-in capital _____
31. _____
32. _____
33. _____
34. _____
35. Retained earnings _____
36. **Total stockholders' equity** *(add lines 28 through 35)* _____
37. **TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY** *(add lines 27 and 36)* _____

Are any of the assets in this financial statement pledged to secure payment of liabilities?

☐ **Yes** ☐ **No** *If yes, attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges.*