ADDENDUM* TO GOOD FAITH ESTIMATE OF SETTLEMENT COSTS

☐ REQUIRED PROVIDER. Lender requires the use of the following provider(s) of settlement services. The estimate is based on the charges of the designated provider.

Item No.	Name, Address, Telephone Number, and Nature of Relationship (if any)

☐ Lender will require a particular provider from a lender-controlled or lender-approved list for the following items:

_____

Codes for Nature of Relationship - 1. Lender controls provider; 2. Provider controls lender; 3. Lender and provider are under common control; 4. Provider has maintained a deposit account with lender in the past 12 months. 5. Provider has had an outstanding loan balance with lender in the past 12 months; 6. Lender has repeatedly used or required borrowers to use the provider in the past 12 months. 7. Provider is an officer of the lender. 8. Provider is a director of the lender; 9. Other; (Specify above)

BY SIGNING BELOW - APPLICANT(S) ACKNOWLEDGE RECEIPT OF THIS ADDENDUM TO THE GOOD FAITH ESTIMATE ON THE DATE OF DELIVERY OF THE GOOD FAITH ESTIMATE.

_____ _____

Applicant Applicant

** Complete this form if lender requires use of settlement provider.*