

**LOAN ORIGINATOR INFORMATION**

<b>Legal Name of Company</b>	<b>Broker of Record</b>
<b>Company NMLS ID Number</b>	<b>JET Broker ID Number</b>
<b>JET Account Executive Name</b>	<b>Implementation Term*</b> <input checked="" type="checkbox"/> Month-to-Month

\* **The Implementation Term** is effective for one month. Broker is not required to change or reaffirm its compensation level every month. Unless JET receives written notice of Broker’s selection of a different compensation plan level within the election window, the Compensation Plan with JET will automatically renew for the next month. The Lender Paid Compensation Election Form must be returned to JET five (5) days before the start of a new term. Please email to JET at [BrokerSupport@JetAdvantageMtg.com](mailto:BrokerSupport@JetAdvantageMtg.com).

<p><b>LENDER PAID COMPENSATION DESIGNATION</b> (Select only one.)</p> <p>Please indicate by marking one checkbox. This first box allows choosing in 0.125 increments up to 2.750%.</p> <p> <input type="checkbox"/> 1.000    <input type="checkbox"/> 1.125    <input type="checkbox"/> 1.250    <input type="checkbox"/> 1.375    <input type="checkbox"/> 1.500    <input type="checkbox"/> 1.625    <input type="checkbox"/> 1.750    <input type="checkbox"/> 1.875    <input type="checkbox"/> 2.000  <input type="checkbox"/> 2.125    <input type="checkbox"/> 2.250    <input type="checkbox"/> 2.375    <input type="checkbox"/> 2.500    <input type="checkbox"/> 2.625    <input type="checkbox"/> 2.750         </p>	
<p><b>Flat Fee</b></p> <p>Flat Fees are eligible on LPC comps not to exceed 2.25% (1.000—2.250%); any comps above 2.250% cannot include a Flat Fee.</p> <p> <input type="checkbox"/> \$500.00                      <input type="checkbox"/> \$750.00         </p>	
<p><b>Minimum Revenue Amount</b></p> <p>NOTE: Please consider Closed End Seconds when choosing minimum compensation</p> <p>\$</p>	<p><b>Maximum Revenue Amount</b></p> <p>\$</p>

**CERTIFICATION**

Broker or a Broker-designated Authorized Signatory, indicates with his/her signature below that this compensation election request is approved for the Company named above and further certifies that the submitted plan is in compliance with current regulations. At least one signature is required below.

Broker of Record Signature	Date	Authorized Signatory	Date
<b>X</b>		<b>X</b>	
Broker of Record Printed Name		Authorized Signatory Printed Name	
Broker of Record Title (if Company Title in Addition to Broker)		Authorized Signatory Title	