## Issuer's Monthly Remittance Advice

## U.S. Department of Housing and Urban Development

Government National Mortgage Association

OMB Approval No. 2503-0033 (Exp. 11/30/2008)

Public reporting burden for this collection of information 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.

The information is required by Sec. 306(g) of the National Housing Act or by Ginnie Mae Handbook 5500.3, Rev. 1. The purpose of this information is to provide summary information to the security holder with respect to the current month's account transactions and calculation of the security holder's pro rata share percentage of total cash distribution. The information will not be disclosed outside the Department without prior consent, except as required by law.

| by law.  |                                   |                           |
|--|-----------------------------------|---------------------------|
| To the following Security Holder:  |                                   |                           |
| •  |                                   |                           |
|  | Ginnie Mae pool/commitment Number | Date                      |
|  |                                   |                           |
|  |                                   |                           |
|  | Certificate Number                | Reporting Month           |
|  |                                   |                           |
| •  |                                   |                           |
|  | Security Interest Rate            | Pro Rata Share Percentage |
|  |                                   |                           |
|  |                                   |                           |
| This remittance advice covers the above Security Holder's The check is e   | nclosed.                          | 41- 45 <sup>th</sup> -641 |
| proportional share of the distribution in the indicated pool of mortgages for the above reporting month.  The check will be forwarded separately but no later than the 15 <sup>th</sup> of the current month. The remittance will be made electronically on the 15 <sup>th</sup> of the month or, if the 15 <sup>th</sup> is not |                                   |                           |
| a business day   | , on the next business day.       |                           |
| A. Cash distribution due Security Holder for scheduled principal amortization  |                                   | \$                        |
| B. Cash distribution due Security Holder for interest  |                                   | \$                        |
|  |                                   |                           |
| C. Cash distribution of additional principal collections   |                                   | \$                        |
| D. Adjustments ( + or - ) (Explain below)  |                                   | \$                        |
| E. Less Federal income tax withheld from interest (if any)   |                                   | \$-                       |
| F. Total cash distribution due Security Holder   |                                   | \$                        |
| G. Outstanding balance of this certificate after credit of the above distribution  |                                   | \$                        |
| Explanation for items above  |                                   |                           |
|  |                                   |                           |
|  |                                   |                           |
|  |                                   |                           |
| I hereby certify that all the information stated herein, as well as any informati Warning: HUD will prosecute false claims and statements. Conviction may result in criminal   |                                   |                           |
| Issuer   | Authorized Signature              |                           |
|  |                                   |                           |
| Street Address   | City and State                    |                           |
|  |                                   | f IIIID 44744 (04/0000)   |