APPENDIX III-14 GOVERNMENT NATIONAL MORTGAGE ASSOCIATION ENROLLMENT ADMINISTRATOR AND GINNIE NET AUTHORIZED SIGNATORIES

OMB APPROVAL No. 2503-0033 (Exp. 12/31/2013)

Public reporting for this information collection is estimated to average 6 minutes, including the time for reviewing instructions, searching existing data sources, completing and finally reviewing the necessary information. Ginnie Mae may not collect this information, and you are not required to complete this form unless it displays a current and valid OMB control number.

The information is required by Section 306(g) of the National Housing Act and/or the Ginnie Mae Handbook, 5500.3 Rev. 1. The purpose of this information collection is to ensure that the pooling and servicing of all Ginnie Mae MBS is conducted in acceptable business standards, and to provide Ginnie Mae with the name of individuals authorized to use GinnieNET. The information will not be disclosed outside the Department without prior consent, except as required by law.

Document Custodian Name:	
Document Custodian Number:	Date:
The signatures below represent the personnel design the Document Custodian in the capacity of Enrollmo Signer.	ated by the Document Custodian to sign on behalf of ent Administrator and/or as a Ginnie <i>NET</i> Authorized
Name of Enrollment Administrator	Signature
Name of Enrollment Administrator	Signature
Name of GinnieNET Authorized Signer	Signature
Name of GinnieNET Authorized Signer	Signature
Name of GinnieNET Authorized Signer	Signature
Name of GinnieNET Authorized Signer	Signature
Name of Ginnie NET Authorized Signer	Signature
Authorized By:Name and Title of Officer	Signature

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ENROLLMENT ADMINISTRATOR AND GINNIE NET AUTHORIZED SIGNATORIES

issuer name:	 -
Issuer Number:	Date:
capacity of Enrollment Administrator and/or as a Gi	-
Please Note: The Enrollment Administrator (EA) the issuer's Resolution of Board of Directors and Co	and/or the Ginnie <i>NET</i> Authorized Signer must be or ertificate of Authorized Signatures.
Name of Enrollment Administrator	Signature
Name of Enrollment Administrator	Signature
Name of GinnieNET Authorized Signer	Signature
Name of GinnieNET Authorized Signer	Signature
Name of GinnieNET Authorized Signer	Signature
Name of GinnieNET Authorized Signer	Signature
Name of GinnieNET Authorized Signer	Signature
Authorized By:	
Name and Title of Officer	Signature

Date: 01/01/06 2 Appendix III-14