ESCROW AGENTS' FIDELITY CORPORATION STATUS NOTICE

(This form must be typed or clearly printed and all applicable sections completed.)

To use this form, the Employee must have a completed Certificate Application and two (2) passport-size color photographs on file with Escrow Agents' Fidelity Corporation (EAFC) and been employed by a Member within the preceding year. A Temporary or Freelance Individual may use this form to communicate Status Changes.

( ) TRANSFER ($10 FEE) ( ) TERMINATION (if member holds card please return to EAFC) ( ) STATUS CHANGE

Date of Hire:_____ (for transfer and termination) Date of Termination:_____ (for termination only) Date of Status Change:_____ (for status change only)

( ) Full or Part-time Employee ( ) Temporary/Free Lance individual

Full Legal Name:_____
First Middle Last
(If this is a change of name, please complete section below with your former name.)

Home Address:_____
Street Apt. # City State Zip Code
(If this is a new address, please complete section below with your former address.)

Mailing Address:_____

Home Telephone #(____)_____ Certificate #:_____ (if available) Birth Date:_____

Social Security #:_____ Driver's License/ID Card #_____ State:_____

Company Name:_____ Telephone #:(____)_____

DOC Main License #: 963-_____ DOC Branch License #: 863-_____

Address Where Employed_____
Address Street Suite # City State Zip Code

Employee's Position(s):_____
Stockholder, Corporate Officer (Position), Director, Trustee, Manager, Escrow Officer, Escrow Secretary, Receptionist, etc.

Previous Employer:_____ Previous Employer's Telephone #:(____)_____

IF YOU ARE WORKING AT TWO OR MORE ESCROW COMPANIES AT ONE TIME, COMPLETE THE FOLLOWING:

Other Company Name:_____

DOC Main License #: 963-_____ DOC Branch License #: 863-_____

FOR CHANGE OF NAME, ADDRESS, AND/OR OFFICE (WITHIN COMPANY), COMPLETE THE FOLLOWING:

Former Name:_____

Former Address:_____

Former DOC Main or Branch License #:_____

Former Office Address:_____

The member shall advise EAFC within ten (10) business days of the hire date of a new employee, within ten (10) business days of the date of termination, and within ten (10) business days of any change in employee status. The penalty is $25 per day for every day that the Member is in non-compliance. [FINANCIAL CODE §17331.1(d)]

Date:_____, 20_____ Date:_____, 20_____

Executed at_____, California Name:_____ (Corporate Officer, Director, Manager or Shareholder Only) Title_____

_____
Original Signature of Applicant Original Signature of Member Representative Named Above

PLEASE MAIL (DO NOT FAX) THIS FORM WITH APPROPRIATE FEE TO:
ESCROW AGENTS' FIDELITY CORPORATION
11150 W. OLYMPIC BOULEVARD, SUITE 840
LOS ANGELES, CA 90064