

Loan number: \_\_\_\_\_

## Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to Members Mortgage Services via mail: PO Box 1185, Hutchinson, KS 67504; fax: 855.856.6731 or online at [mms.coop/contact-members-mortgage-services](https://mms.coop/contact-members-mortgage-services). We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. We will use the information you provided to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact Members Mortgage Services at 866.441.4447, option 5.

If you are experiencing a financial hardship you may be eligible for mortgage assistance from your state's housing finance agency or other state or local government agency.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, or information on state or local government mortgage assistance programs that may be available; contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or [www.hud.gov/counseling](https://www.hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgagehelp](https://www.consumerfinance.gov/mortgagehelp)

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

For additional information on how to avoid foreclosure, including help for military servicemembers, you may also visit Fannie Mae's [consumer website](https://www.fanniemae.com/consumer). Fannie Mae is the owner of your mortgage loan.

### Borrower Information

**Borrower's name** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

E-mail address \_\_\_\_\_

Primary phone number \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number \_\_\_\_\_  Cell  Home  Work  Other

**Co-borrower's name** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

E-mail address \_\_\_\_\_

Primary phone number \_\_\_\_\_  Cell  Home  Work  Other

Alternate phone number \_\_\_\_\_  Cell  Home  Work  Other

Preferred contact method (choose all that apply):  Cell phone  Home phone  Work phone  Email  Text - checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death?  Yes  No

### Property Information

Property Address: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

- The property is currently:  A primary residence  A second home  An investment property
- The property is (select all that apply):  Owner occupied  Renter occupied  Vacant
- I want to:  Keep the property  Sell the property  Transfer ownership of the property to my servicer  Undecided

Is the property listed for sale?  Yes  No - If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: \_\_\_\_\_

Is the property subject to condominium or homeowners' association (HOA) fees?  Yes  No - If yes, indicate monthly dues: \$ \_\_\_\_\_

## Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) \_\_\_\_\_ and is believed to be:

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) \_\_\_\_\_

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> <li>▪ Written statement from the borrower, or other documentation verifying disability or illness</li> <li>▪ <b>Note:</b> Detailed medical information is not required, and information from a medical provider is not required</li> </ul>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> <li>▪ Final divorce decree or final separation agreement <b>OR</b></li> <li>▪ Recorded quitclaim deed</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>▪ Recorded quitclaim deed <b>OR</b></li> <li>▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> <li>▪ Death certificate <b>OR</b></li> <li>▪ Obituary or newspaper article reporting the death</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> <li>▪ <b>For active duty service members:</b> Permanent Change of Station (PCS) orders or letter showing transfer.</li> <li>▪ <b>For employment transfers/new employment:</b> Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, <b>AND</b></li> <li>▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)</li> </ul>
<input type="checkbox"/> Other – hardship that is not covered above:	<ul style="list-style-type: none"> <li>▪ Written explanation describing the details of the hardship and any relevant documentation</li> </ul>

## Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> <li>Most recent pay stub and documentation of year-to-date earnings if not on pay stub <b>OR</b></li> <li>Two most recent bank statements showing income deposit amounts</li> </ul>
Self-employment income	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing self-employed income deposit amounts <b>OR</b></li> <li>Most recent signed and dated quarterly or year-to-date profit/loss statement <b>OR</b></li> <li>Most recent complete and signed business tax return <b>OR</b></li> <li>Most recent complete and signed individual federal income tax return</li> </ul>
Unemployment benefit income	\$	<ul style="list-style-type: none"> <li>No documentation required</li> </ul>
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>Two most recent deposited rent checks</li> </ul>
Investment or insurance income	\$	<ul style="list-style-type: none"> <li>Two most recent investment statements <b>OR</b></li> <li>Two most recent bank statements supporting receipt of the income</li> </ul>
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> <li>Two most recent bank statements showing receipt of income <b>OR</b></li> <li>Other documentation showing the amount and frequency of the income</li> </ul>

## Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

## Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law, including but not limited to providing mortgage assistance, verifying any data or information contained in this application, and performing audit and quality control reviews. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity, and (f) my tax return and the information contained therein.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.\*

\* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed application, together with the required documentation, to Members Mortgage Services via mail: PO Box 1185, Hutchinson, KS 67504; fax: 855.856.6731 or online at [mms.coop/contact-members-mortgage-services](https://mms.coop/contact-members-mortgage-services). We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.**

**We will use the information you provided to help us identify the assistance you may be eligible to receive.**

# Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**  
▶ **For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).**

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**6 Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

\_\_\_\_\_

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ.** See instructions.

<b>Sign Here</b>	▶	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	▶	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

The filing location for the Form 4506T-EZ has changed. Please see the **Where to File** section for your new mailing location.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

### If you filed an individual return and lived in:

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

### Mail or fax to the "Internal Revenue Service" at:

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
855-587-9604

RAIVS Team  
Stop 6705 S-2  
Kansas City, MO  
64999  
855-821-0094

RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409  
855-298-1145

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

*You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked*

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

### Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

## Specific Instructions

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 5.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.



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### Borrower Assistance Additional Information

Number of Auto \_\_\_\_\_

Number of People in Household \_\_\_\_\_

Credit Card Balance(s) \_\_\_\_\_

Monthly Payment(s) \_\_\_\_\_

Installment Loan Balance(s) \_\_\_\_\_

Monthly Payment(s) \_\_\_\_\_

Medical Bill Balance(s) \_\_\_\_\_

Monthly Payment(s) \_\_\_\_\_

Auto Loan Balance(s) \_\_\_\_\_

Monthly Payment(s) \_\_\_\_\_

Other Outstanding Balance(s) \_\_\_\_\_

Monthly Payment(s) \_\_\_\_\_

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## Checklist

To ensure timely review of your information, please complete your Borrower Response Package (BRP)\* and also include copies of the following documents:

- Previous Year's Federal Tax Return
- 2 most current paystubs
- Recent bank statements (showing 60 days of history for each account)
- Letter explaining hardship (signed and dated)
- Listing history (if property is listed for sale)
- Sales contract (if applicable)
- Preliminary HUD (if applicable)
- Copy of a quit claim deed, or financials and signatures of both parties if borrower and co-borrower are divorced.

\*Form 4506T-EZ (pages 5-6 of the BRP) is only needed when one of the following circumstances applies:

1. To reconcile inconsistencies between other information provided
2. When income is required to be documented by the most recent federal income tax return but you have not provided your tax return, complete with all schedules
3. The investor requests it

\*If you are self-employed or receive rental income, you will need to complete a [Form 4506T](#) instead of Form 4506T-EZ (pages 5-6 of the BRP).

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We will use the information you provided to help us identify the assistance you may be eligible to receive.



**EFFECTIVE DATE:** This E-Consent Agreement is as of date on the signed paperwork.

**GENERAL** You have completed documentation electronically. We are required by law to give you certain information "in writing" - which means that you are entitled to receive it on paper. However, because you have completed documentation with an e-signature and submitted your documentation via secured portal, we may instead provide this information to you electronically. This Electronic Consent Agreement (this "**E-Consent**") sets forth important information about conducting business electronically, electronic delivery of information, and signing documents electronically. By signing this documentation package electronically, you are agreeing that you have reviewed this E-Consent and you agree to transact business with us using electronic communications. Your consent also permits the general use of electronic records and electronic signatures in lieu of paper documents.

You are not required to receive or sign documents electronically and you acknowledge and agree that electronic signatures are equivalent and equally binding as traditional signatures. If you do not consent to the use of electronic records and signatures, you will be unable to proceed electronically. You will need to contact us to complete the transaction using paper documents, or you may not be able to proceed with the transaction at all.

In this E-Consent, the words "we," "us," and "our" refer to Members Mortgage Services. The words "you" and "your" means the person giving consent. We recommend you read this E-Consent in its entirety to ensure you are fully informed. After you have read this E-Consent in its entirety, if you agree to the general use of electronic records and electronic signatures in connection with this document, you may sign the document electronically and return it via the secured portal on mms.coop.

**SCOPE OF CONSENT** By signing the document electronically and returning it via the secured portal on mms.coop, you are agreeing to receive via electronic means all disclosures, notices, agreements, undertakings, records, documents and other information that we provide to you or that you sign, submit, or agree to at our request (each "Communication"). You agree that the Communications may be in electronic form. We may also use electronic signatures and initials and obtain them from you on any Communication, as well as use other functionality to obtain information from you for any Communication. You agree that all actions taken and information provided by you with respect to Communications will constitute your agreement, acceptance or acknowledgement of the applicable terms of the Communication to which such actions are applied.

Actions taken by you may consist of, for example, the application of your electronic signature or initials, or selections made or information provided by you through use of electronic functionality (such as a checkbox, dropdown menu, text box or radio button). All such actions have the same legal effect as if you had taken such actions and provided such information using pen and ink on paper. All Communications that we deliver to you in electronic form will be delivered either (1) via email; (2) via the eDelivery Platform; or (3) by your accessing a website link that we will designate in an email, text message, or other electronic notice we send to you at the time the information is available. We will establish security procedures that you will have to follow to access the Platform and the Platform website. We may always, in our sole discretion, provide you with any Communications on paper, even if you have authorized electronic delivery. Sometimes the law, or our agreement with you, requires you to give us a written notice. You must still provide these notices to us on paper, unless we tell you how to deliver the notice to us electronically.

**TERMINATION/CHANGES TO E-CONSENT** We reserve the right, in our sole discretion, to discontinue the provision of electronic Communications, or to terminate or change the terms and conditions on which we provide electronic Communications. We will provide you with notice of any such termination or change as required by law.

**REQUESTING PAPER COPIES** If a Communication required is not available in electronic form, a paper copy will be provided to you free of charge. You will also have the opportunity to download, print out and retain a copy of all electronic Communications you receive, review and/or sign. You may access the eDelivery Platform to print and/or download a copy of the Communications you received, reviewed and/or signed. Also, when new Communications are available, we will send to you, at the email address you previously provided to us, a secure link that will enable you to access a copy of the Communications.

Except as described above, we will not send you a paper copy of electronic Communications unless you request it. You can obtain a paper copy of any Communication we provide to you electronically by downloading it yourself or by requesting that we mail you a paper copy. Request for paper copies must be made within a reasonable time after we first provided the electronic Communication to you.

To request a paper copy, contact us at:  
Phone: 866.441.4447  
Mailing Address: 200 E 1st Ave, Hutchinson, KS 67501

**RETAINING COPIES** We encourage you to print or download for your records a copy of all electronic Communications, as well as this E-Consent disclosure and any other document that is important to you.

**HOW TO WITHDRAW CONSENT** You may withdraw your consent to receive Communications electronically at any time.

In order to withdraw your consent, contact us at:  
Phone: 866.441.4447  
Mailing Address: 200 E 1st Ave, Hutchinson, KS 67501

Withdrawing your consent may delay your transactions with us. If you withdraw your consent before all Communications are reviewed and/or signed, you will be unable to proceed electronically. You may be required to review and/or execute Communications via paper, or you may be unable to complete the transaction at all. All actions taken by you before withdrawing your consent, including the signing of Communications via electronic means, will remain valid and fully enforceable. Your withdrawal of consent with respect to the electronic Communications does not affect any other consent you have given us at any other time to use electronic records and signatures. A withdrawal of your consent to receive electronic Communications will be effective only after we have had a reasonable period of time to process your withdrawal.

**UPDATING YOUR CONTACT INFORMATION** It is your responsibility to provide us with an accurate and complete email address and other contact information, and to maintain and update promptly any changes in this information.

To update your contact information at any time, contact us at:

Phone: 866.441.4447

Mailing Address: 200 E 1st Ave, Hutchinson, KS 67501

We are not liable for your failure to receive notification of the availability of electronic Communications if your email address on file is invalid; your email or Internet service provider filters the notification as "spam" or "junk mail;" there is a malfunction in your computer, browser, Internet service and/or software; or for other reasons beyond our control.

**REQUIRED HARDWARE/SOFTWARE** To create and receive electronic Communications, you must have access to:

A Current Version (defined below) of an Internet browser we support;

A connection to the Internet;

A Current Version of a program that accurately reads and displays PDF files;

A Current Version of an email management program;

A device (e.g., a computer, tablet, laptop, etc.) and an operating system capable of supporting all of the above

You will also need a printer if you wish to print out and retain records on paper, and electronic storage if you wish to retain records in electronic form. You must also have an active email address and an alternate means of second factor authentication. By "Current Version," we mean a version of the software that is stable and is currently supported by its publisher. From time to time, we may offer services or features that require your internet browser be configured in a particular way, such as permitting the use of JavaScript or cookies. If we detect that your internet browser is not properly configured, we may provide you with a notice and advice on how to update your configuration. We reserve the right to discontinue support of a Current Version of software if, in our sole opinion, it suffers from a security flaw or other flaw that makes it unsuitable for use.

**AGREEMENT** By signing the document electronically and returning it via the secured portal on mms.coop, you are also confirming that:

You can access and read this E-Consent and you understand this E-Consent;

You have the hardware and software described above;

You are able to receive and review electronic records;

You have an active email account and a cellphone number for SMS messaging, each of which you have disclosed to us;

You have the ability to access and view PDF files; and

You acknowledge that electronic signatures and records will be used in place of written documents and handwritten signatures with respect to the electronic Communications and your use of the Platform.