## Request for Release of Documents

To Document Custodian

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

Government National Mortgage Association

Date Prepared by Issuer

OMB Approval No. 2503-0033 (Exp. 04/30/2026)

Public reporting burden for this information collection is estimated to average 3 minutes 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. Ginnie Mae 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 document is to provide issuers the opportunity to request the release of mortgage documents held by the document custodian. The information collected will not be disclosed outside the Department without consent, except as required by law.

the undersigned Issuer requests the release of t Issuer shall be held in trust by the Issuer for the be shall be at the will of Ginnie Mae and such securit custodian when the Issuer's need thereof no long Mae Mortgage-Backed Securities Guide, Rev. 1.	the mortgatenefit of Goties holder er exists, of	age documents des innie Mae and the a s solely for the purp	scribed below for the re applicable securities hole cose indicated below. T	eason indicate Iders, and the he Issuer sha	ed. All documents to be released to the structure state to be released to the structure structure the documents to the document structure the document structure the document structure structure the document structure
Mortgagor's Name, Address and Zip Code			Pool Number		
			FHA/VA/RHS/§184 Nu	umber	
			Issuer Loan Number		
Reason For Requesting Documents:					
Enter Reason Number			Settlement/Expected Return Date		
1. Mortgagor Payoff					
2. Buyout of Delinquent Loan					
3. Foreclosure – with or without Claim Payment					
4. Loss Mitigation					
5. Substitution					
6. Other Removal					
7. Special Assistance					
Issuer Signature		Issuer Name			Issuer ID Number
<b>To Document Custodian:</b> Please acknowledge in accordance with the terms of the Masslssuer.					
Authorized Signature of Document Custodian	Docume	nt Custodian Number	Document Releas		elease Date
Return of Released Document(s) All Documents Released have been Returned.					
Authorized signature of Document Custodian			Date Document was Returned		