



Quality Assurance Contact Change Form

Please complete the following form if the quality assurance contact has changed. The individual listed on this form will continue to receive quality assurance correspondence until the contact has been changed with the FHLBI.

Date: _____

Name

Title

Company

Address

City State ZIP Code

Phone Number Fax Number

Email Address

Please check the box next to the appropriate types of quality assurance notifications you should receive. Please mark all boxes that apply.

- Quality Assurance Selections** includes receiving notices about files to copy and submit to QA
- Quality Assurance Reviews** includes receiving summaries of the files that have been submitted to QA
- Servicing Audits** includes requests to coordinate servicing audits along with summaries of servicing audit findings
- Document Custodian Audits** includes requests to coordinate document custodian audits along with summaries of document custodian audit findings

Please email (or fax) this form to the following:

MPP Department
mpp@fhlbi.com | Fax: 317-465-0287

FHLBank INDIANAPOLIS