Instructions

1. Licensees must notify the Pennsylvania Department of Banking and Securities within ten (10) days of terminating business under this license. Notification must be made by surrendering the license through the company application form in NMLS.

2. You are required to update the Books and Records section of the Company (MU1) Form with the Records Custodian name and the physical location where the books and records will be maintained subsequent to license surrender. If the Records Custodian or location changes after license surrender, you must provide written notice of changes to the Pennsylvania Department of Banking and Securities.

3. Complete an Annual Report that covers Pennsylvania activities from January 1, of the current year, through the effective date of surrender. This report should be submitted directly to the Department.

4. Surrender requests will not be processed without receipt of all items listed on the checklist.

5. The acceptance of the surrender request is at the Department’s discretion.

6. Pennsylvania does not charge fees for surrender at this time.

7. Agency specific requirements as identified on the checklist below must be received with this checklist within five business days of the electronic submission of your surrender through the NMLS at the following:

   **For U.S. Postal Service:**
   The Pennsylvania Department of Banking and Securities
   Non-Depository Licensing Office
   17 N 2nd Street Ste 1300
   Harrisburg, PA 17101-2290

   **For Overnight Delivery:**
   The Pennsylvania Department of Banking and Securities
   Non-Depository Licensing Office
   17 N 2nd Street Ste 1300
   Harrisburg, PA 17101-2290
**NMLS Company** Unique ID Number: ________________

**Applicant Legal Name:** ______________________________________

<table>
<thead>
<tr>
<th>FILED IN NMLS</th>
<th>ATTACHED</th>
<th>NOT APPLICABLE</th>
<th>ITEM</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td><strong>Surrender Reason:</strong> Return with this checklist a letter that provides the reason for license surrender.</td>
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</table>
| N/A           |          | N/A            | **Have You Surrendered Or Have Intentions Of Surrendering Your Debt Settlement Services License In Any Other State or Jurisdiction?**
|               |          |                | No: _____ Yes: _____ |
|               |          |                | If yes, return with this checklist a letter listing any other states/jurisdictions where you have or intend to surrender license. |
|               |          | N/A            | **Contact and Books/Records Information:** Verify that the information on the company application form for the Consumer Complaint Employee Information for Pennsylvania and the Books and Records section has been updated and is accurate. |
|               |          | N/A            | **Annual Report:** Please complete and return the Annual Report form. The Annual Report form can be obtained by contacting the Department of Banking and Securities, Non-Depository Compliance Office at (717) 772-3889. |
|               |          | N/A            | **Pennsylvania Consumers Currently Serviced:** Please provide a list of all PA Consumers that include the following information:
|               |          |                | • Name of consumer
|               |          |                | • Consumer address and telephone number
|               |          |                | • Consumer email address
|               |          |                | • List of all creditors and the negotiated payment amounts
|               |          |                | • Name of entity to whom servicing is being transferred |
|               |          | N/A            | **Servicing Transferred Information:** If applicable, please provide a list of all entities to whom servicing will be or has been transferred. If N/A, please provide a reason. |
|               |          | N/A            | **Bank Account Information:** Please provide the bank account information (name, complete address, telephone number and facsimile number) that is used for Pennsylvania consumers’ funds. |
Owner or Corporate Officer Certification: Please complete the following:

I hereby certify that all collected payments have been disbursed to creditors or returned to the consumer, except for fees retained by the company as allowable by law and as per the debt management services agreement.

____________________________________________________
Name                                               Title

____________________________________________________
Signature                                           Date

NOTE: If all payments received from debt management clients have not been disbursed to creditors, please provide an explanation.

The regulator will review the filing and all required documents and communicate with you through NMLS. To review your status or see detailed communication from the regulator, click on the Composite View tab and then click on View License/Registration in NMLS. See the License Status Review & Definitions quick guide for instructions.

WHO TO CONTACT – Contact the PA Department of Banking and Securities, Non-Depository licensing staff by phone at (717) 787-3717 or send your questions via e-mail to ra-asklicensing@pa.gov for additional assistance.

THE APPLICANT/LICENSEE IS FULLY RESPONSIBLE FOR ALL OF THE REQUIREMENTS OF THE LICENSE FOR WHICH THEY ARE APPLYING. THE AGENCY SPECIFIC REQUIREMENTS CONTAINED HEREIN ARE FOR GUIDANCE ONLY TO FACILITATE APPLICATION THROUGH THE NMLS. SHOULD YOU HAVE QUESTIONS, PLEASE CONSULT LEGAL COUNSEL.