

## BROKER COMPENSATION AGREEMENT

### COMPENSATION AGREEMENT

For all Loans covered by the Agreement, the amount of compensation Mortgage Broker/Originator will receive where Stronghill Capital, LLC, is paying all of the compensation is:  
(1.00% minimum / 2.00% Maximum)

Select One:

<input type="checkbox"/> 1.000%	<input type="checkbox"/> 1.375%	<input type="checkbox"/> 1.750%
<input type="checkbox"/> 1.125%	<input type="checkbox"/> 1.500%	<input type="checkbox"/> 1.875%
<input type="checkbox"/> 1.250%	<input type="checkbox"/> 1.625%	<input type="checkbox"/> 2.000%

NOTE: FOR BROKERED TRANSACTIONS, AT A MINIMUM, THE STRONGHILL CAPITAL ADMINISTRATION FEE MUST ALSO BE INCLUDED IN THE QM POINTS AND FEES LIMIT OF 3.00% IF THE LOAN IS LOCKED WITH THE “NO-FEE” OPTION AND PRICE ADJUSTMENT, THEN THE MAXIMUM BROKER COMPENSATION IS 2.000%. THEREFORE, IT IS IMPORTANT FOR EACH MORTGAGE BROKER TO CAREFULLY EVALUATE DIFFERENT LOAN SCENARIOS TO ENSURE THAT THE SELECTED COMPENSATION PLAN WILL NOT RESULT IN LOANS THAT WILL BE UNABLE TO MEET THE QM POINTS AND FEES LIMIT.

The percentage amount chosen can be reviewed or changed **once every 90 days**. Any change in this amount will be applied to new loans locked with Stronghill Capital after the effective date of the change. The Mortgage Broker/Originator must notify Stronghill Capital of any change in the compensation amount within 14 days of the start of a new 90-day period.

If no change is requested in writing, then the current Compensation Amount on record will remain in effect for the next 90-day period and each succeeding 90-day period that there is no change requested. No change in the compensation amount will affect the validity of any other term or condition of the Agreement.

Return all completed compensation plans to [TPOApproval@Stronghill.com](mailto:TPOApproval@Stronghill.com) (if not submitted with initial approval package). Copy your Account Executive on your email.

\_\_\_\_\_  
Originator Company Name

Stronghill Capital, LLC  
Creditor

\_\_\_\_\_  
Name/ Title of Authorized Officer

\_\_\_\_\_  
Name/ Title of Authorized Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date