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ADDENDUM TO ESCROW INSTRUCTIONS

Exhibit A- Special Provisions/Instructions

Contract No.: _____

1. Special Interest Provisions:

- (a) **Payments Plus Interest.**- Accrued interest shall be paid with, and in addition to, all regular and irregular payments.
- (b) **Interest Only Payments.**- Payments of accrued interest only shall be due _____
from _____ at _____ % per annum.
(Payments made in excess of accrued interest due, shall be applied to principal.)
- (c) **Variable Interest Rate.**- The initial interest rate is _____ percent (_____ %)
or the interest will be adjusted upon written notice by Payee and Payer to FIRST MORTGAGE, INC., of the new rate specifying the effective date of the adjustment, which shall not occur before FIRST MORTGAGE, INC's receipt of the notice, upon payment of the appropriate fees.

2. Late Charges:

A late charge of _____ DOLLARS \$ _____
or/ _____ percent (_____ %) of the installment due will be assessed against any
installment not received within _____ (_____) days of its due date.
Late payments received will be applied first to late charges, interest and the balance to principal.

3. Prepayments:

- Discount for Prepayment- Payer shall be entitled to a discount of _____ percent
(_____ %) of the principal or _____ DOLLARS \$ _____
if all principal and accrued interest is paid on or before _____

4. Irregular/Balloon/Additional Payments:

In addition to regular installments of \$ _____ the following installment(s) shall be due:

INSTALLMENT AMOUNT	DATE DUE	All irregular payment(s) will carry the same late charge and grace period as stipulated
\$ _____	_____	
\$ _____	_____	
\$ _____	_____	
\$ _____	_____	

Yes No \$ _____

Principal Only Interest Only Including Interest Plus Interest

Disbursement of irregular pay to: _____

5. Multiple Disbursements: Disburse the following sums or percentages of each payment received as follows:

(a) _____ % or \$ _____ to: _____

Address: _____ SSN/EIN: _____

Instructions (if any) apply to: _____

(b) _____ % or \$ _____ to: _____

Address: _____ SSN/EIN: _____

Instructions (if any) apply to: _____

Total distribution percentages must equal 100%. Under penalty of perjury, Payee certifies that the social security or Employer I.D. numbers provided above are true, correct and complete, and are not subject to withholding. Please attached additional sheets if necessary.

Dated: _____

Dated: _____

Payer/Trustor (Signature)
Printed Name/Entity: _____

Payee/Beneficiary (Signature)
Printed Name/Entity: _____

Payer/Trustor (Signature)
Printed Name/Entity: _____

Payee/Beneficiary (Signature)
Printed Name/Entity: _____