

Technology Manager Registration Portal: Desktop Originator (DO) Registration

Mortgage Brokers and Correspondents who wish to be sponsored for **Desktop Originator**[®] (**DO**[®]) can submit the Originator sponsorship request to a Lender, through Mortgage Broker Registration application. When an originator requests a relationship with a Lender organization, the Lender administrator will be able to log in to Technology Manager application and approve the originator's request for sponsorship.

This document describes how you can register your organization for Desktop Originator (DO) by using our DO Online Registration application. Before you begin, you should be aware of the following:

- Identify at least one sponsoring lender to approve your request. For a list of sponsoring lenders, refer to the <u>Brokers & Correspondents page</u>.
- If you want to request sponsorship from multiple lenders, you are encouraged to make these requests during the initial registration process. All future requests will need to be made in Technology Manager once your DO registration request has been approved.
- You will be asked to designate a User Administrator and Billing Point of Contact.
- You will be prompted to add initial users. If you wish to add additional users, you can do so after approval from the first lender. The User Administrator can perform this function through our Technology Manager application.
- Upon approval by the sponsoring lender, you will receive an email with instructions to establish a password.

The length of the sponsorship acceptance process varies by lender because some lenders may require additional information before approving the sponsorship. The acceptance of lender sponsorship requests is at the sole discretion of the lender.

- 1. Go to the <u>DO Online Registration for New Originators.</u>
- 2. The link opens in a separate browser and may require completion of a reCAPTCHA challenge to ensure that a real person is performing the registration process.



4. The terms and conditions of the User Agreement are provided. Select the **I understand and agree** check box and enter the **Name of an Authorized Officer, then select Continue**.

Note: A link to an PDF version of the current Terms & Conditions document is provided.

	ment 2. Organization	3. Contact	4. Users		6. Review
Software Subscriptio	n Agreement				
Application Name					
Desktop Originator					
FANNIE MAE LICENSES THE ABOVE BETWEEN FANNIE MAE AND LICEN	E-NAMED APPLICATION TO LICE ISEE (THE "AGREEMENT").	NSEE UNDER THE TE	RMS AND CONDITION	IS SET FORTH IN THE S	SOFTWARE SUBSCRIPTION AGREEME
THE AGREEMENT CONSISTS OF TH SUPPLEMENTED FROM TIME TO T	HE CONSOLIDATED TECHNOLOG IME. THE GUIDE INCLUDES GEN	GY GUIDE (THE "GUID IERAL TERMS AND CO	E") AND THE SOFTWA	ARE SUBSCRIPTION LIC	ENSE, EACH AS AMENDED, RESTATED DR EACH LICENSED APPLICATION.
BY EXECUTING THIS FORM, LICEN: BE BOUND BY ALL TERMS AND CO	SEE ACKNOWLEDGES THAT THE NDITIONS IN THE AGREEMENT.	E SCHEDULE LINKED	BELOW IS AN APPLIC	ABLE SCHEDULE AND F	PART OF THE AGREEMENT, AND AGRE
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Software Subscription License					
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Software Subscription License General Terms and Conditions Schedule I understand and agree that, to of the company associated with the entitled to rely on it and (c) the co	by clicking on this check-box an nis request, (b) the company rep mpany intends to be bound by	d entering my name presents and warrant my electronic signati	in the space below, I s that the informatio rre just as if it were a	am indicating that: (a) n in this form is comple n ink signature on pap	l am a duly authorized officer or dele tte and accurate and Fannie Mae is er.
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Software Subscription License General Terms and Conditions Schedule I understand and agree that, I of the company associated with th entitled to rely on it and (c) the co Signed by: Name of Authorized Officer / Del	by clicking on this check-box an his request, (b) the company rep impany intends to be bound by	Id entering my name oresents and warrant my electronic signati	in the space below, I s that the informatio ure just as if it were a	am indicating that: (a) n in this form is comple n ink signature on pape	l am a duly authorized officer or dele ete and accurate and Fannie Mae is er.

3. Complete the Captcha challenge and click **Begin Registration**.

5. On the Organization Information screen, enter the requested information about your company, then select **Continue**.

Note: All fields are required unless indicated by a " (Optional) ".

1. Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review	
Organization Information						
Organization Name						
Tester Organization						
Address			Address 2 (Optional)			
1234 Tester Way						
City			State		Zip	
Reston			VA	•	20190	
						Back Continue

6. On the Point of Contact screen, enter the requested information about the contact person for licensing and contracting purposes, then select **Continue**.

1. Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review		
Point of Contact							
Point of Contact from your company will be the	he primary point of conta	act for licensing and	contracting purposes				
First Name	MI (Opt	tional)	Last Name				
Test	Т		Tester				
Address			Address 2 (Optional	l)			
1234 Tester Way							
City			State		Zip		
Reston			VA		20190		
Phone			Email				
(703) 123-4567			Tester1@fanniem	ae.com			
						Back	Continue

- 7. The **Billing Point of Contact** information is pre-populated from the previous step. Select **Yes** or **No** to make the user as Billing Point of Contact.

	1. Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review		
Billing Point o	of Contact							
This user will be author	rized to review Fannie	Mae invoices online and	receive contract bull	etins and other notices				
Is Test Tester the billin	ng contact as well?							
						Ba	ick No	Yes

Note: The Billing Point of Contact you enter on this screen will receive the invoice notifications that can be accessed through the Online Billing application. This individual will also receive Bulletins to the Software Subscription Agreement.

8. Enter the data for each user that will access DO. You must add at least one user. Select **Save User** after each one is added.

	1 Agreement	2 Organization	2 Contact	4 Hoove	E Londorr	6 Poviow	
Billing Contact	1. Agreement	z. Organization	S. Contact	4. Users	5. Lenders		
First Name		MI (Opt	ional)	Last Name			
Test		Т		Tester			
Address				Address 2 (Optiona	al)		
1234 Tester Way							
City				State		Zip	
Reston				VA	•	20190	
Phone				Email			
(703) 123-4567				Tester1@fannien	nae.com		
PIN							
1234		Use	er Administrator				
							Back Save User

Note: Each user who accesses DO must use the DO user ID that has been issued under their name. On this screen you will also create a PIN. Store this information in a safe place. The Technology Support Center will ask for the PIN if you need to call with questions regarding registration.

9. You can add additional users while on User Information screen by clicking **Add New User** before selecting **Continue.**

	1. Agreement	2. Organizati	on 3. Contact	4. Users	5. Lenders	6. Review		
Jser Informati	on							
ach person in your com	oany who will use th	e Desktop Origina	tor application must have a	and use their own user I	D			
Name 🗘	Phone	÷	Email 🗢		User Admin	Billing Contact	Edit	
Test T Tester	(703) 1	123-4567	Tester1@fann	iemae.com		0	Edit	
Add New User								
							Back	Contin
•	1. Agreement	2. Organizat	ion 3. Contact	4. Users	5. Lenders	6. Review		
Add User	1. Agreement	2. Organizat	ion 3. Contact	4. Users	5. Lenders	6. Review		
Add User First Name	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name	5. Lenders	6. Review		
Add User First Name Address	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name Address 2 (Optional	5. Lenders	6. Review		
Add User First Name Address 1234 Tester Way	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name Address 2 (Optional	5. Lenders	6. Review		
Add User First Name Address 1234 Tester Way City	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name Address 2 (Optional State	5. Lenders	6. Review	\supset	
Add User First Name Address 1234 Tester Way City Reston	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name Address 2 (Options) State VA	5. Lenders	6. Review		
Add User First Name Address 1234 Tester Way City Reston Phone	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name Address 2 (Optiona State VA Email	5. Lenders	6. Review		
Add User First Name Address 1234 Tester Way City Reston Phone (999) 999-9999	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name Address 2 (Optional State VA Email	5. Lenders	6. Review		
Add User First Name Address 1234 Tester Way City Reston Phone (999) 999-9999	1. Agreement	2. Organizat	ion 3. Contact MI (Optional)	4. Users Last Name Address 2 (Optional State VA Email	5. Lenders	6. Review		
Add User First Name Address 1234 Tester Way City Reston Phone (999) 999-9999 PIN 4 digit PIN	1. Agreement	2. Organizat	ion 3. Contact	4. Users Last Name Address 2 (Optiona) State VA Email	5. Lenders	6. Review		



10. To Delete a User, select **Edit** for the user and select **Delete User**.

	. Agreement	2. Organizatior	a <u>3.</u> Contact	4. Úsers	5. Lenders	6. Review		
ser Information	1							
ach person in your compan	y who will use the	Desktop Originato	r application must have	and use their own user II)			
nere must be at least 1 User	Admin and exactly	1 Billing Point of (Contact					
Name ≑	Phone 🗘		Email ≑		User Admin	Billing Contact	Edit	
Test T Tester	(703) 12	23-4567	Tester1@fanr	iemae.com		\bigcirc	Edit	
Test T Tester	(703) 12	23-4567	Tester1@fanr	iemae.com		0	Edit	
Add New Liser								
							Back	ontin
_1. dit User	Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review		
1. dit User rst Name	Agreement	2. Organization	3. Contact (Optional)	4. Users Last Name	5. Lenders	6. Review		
dit User rst Name Test	Agreement	2. Organization MI	3. Contact (Optional)	4. Users Last Name Tester	5. Lenders	6. Review		
1. dit User rst Name Test Idress	Agreement	2. Organization MI	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way	Agreement	2. Organization MI	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way ty	Agreement	2. Organization MI	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional State	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way ty Reston	Agreement	2. Organization MI	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional State VA	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way ty Reston none	Agreement	2. Organization	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional State VA Email	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way ty Reston hone (703) 123-4567	Agreement	2. Organization MI	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional State VA Email Tester1@fanniem.	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way ty Reston tone (703) 123-4567 N	Agreement	2. Organization	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional State VA Email Tester1@fanniem.	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way ty Reston 1000 (703) 123-4567 N 1234	Agreement	2. Organization	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional State VA Email Tester1@fanniem.	5. Lenders	6. Review		
1. dit User rst Name Test Idress 1234 Tester Way ty Reston None (703) 123-4567 N 1234	Agreement	2. Organization	3. Contact (Optional)	4. Users Last Name Tester Address 2 (Optional State VA Email Tester1@fanniem	5. Lenders	6. Review		



	1. Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review		
User Informa	ntion							
ach person in your c	ompany who will use th : 1 User Admin and exact	e Desktop Originator app ly 1 Billing Point of Conta	plication must have an <mark>act</mark>	d use their own user ID				
Name 🗢	Phone	÷	Email 🗢		User Admin	Billing Contact	Edit	
Test T Tester	(703) 1	23-4567	Tester1@fannier	nae.com		0	Edit	
Add New User								
							Back	Continue

11. Select a User Administrator and an Online Billing Service User from the list, then select **Continue**.

Note: You are required to select at least one User Administrator and only one Online Billing Service User. The User Administrator will manage your company's access via Technology Manager and the Online Billing Service User will receive the invoice notifications and access the Online Billing Service application. You may assign the same user to both functions.

12. Select at least one sponsoring lender from the index of available lenders, click , then select **Continue**.

1. Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review	
noose Sponsoring Lender	s					
Available Le	nders			Select	ted Lenders	
ST UNITED		Ô	1ST 2ND N	IORTGAGE COMPANY OF	NEW JERSEY,	
60 MORTGAGE GROUP, LLC		>				
6 FEDERAL CREDIT UNION						
BBOTT MORTGAGE CORP OF PITTSBUR	GH					
BERDEEN FED SAVINGS & LOAN ASSN						
BG FINANCIAL SERVICES INC						
		~				
					D	Cartinua



Note: Names can be searched by the first letter. You must select at least one sponsoring lender when registering for Desktop Originator. You can always add sponsoring lenders later by logging into Technology Manager and selecting **Request Additional Sponsorships**

13. A summary of the registration information is provided. After confirming that the information you entered is correct, then click **Submit**.

	1. Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review	
Review							
Organization		Edit					
Organization Name	Tester Organia	zation					
Organization Address	1234 Tester W	ay Reston, VA 20190					
Point of Contact		Edit					
Contact Name	Test T Tester						
Phone Number	(703) 123 456	7					
Email Address	Tostorl@fann	iomaa com					
	Testel 1@lalli	lemae.com					
Name 🗢	Phone 3	•	Email 🗢		User Admin	Billing Contact	Edit
Test T Tester	(703) 1	23-4567	Tester1@fanniem	nae.com		0	Edi
Add New User							
Lenders		Edit					
Lender	1ST 2ND MOR	TGAGE COMPANY OF NE	EW JERSEY,				
Note: The lender(s) may re	quire a formal appl	ication package prior to	approving your reques	t, which could delay	your sponsorship appr	roval process	
							Pa
							Ва

Note: Click Edit to update information in each section as needed.

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14. Upon successful submission of the registration data, the Thank You screen appears with a tracking number for the submission, as well as the list of sponsoring lenders you requested.

You should **Print** a copy of this page for your records.

Thank you	
Your request has been sent to the selected lenders for processing and approval. If you need an update to your request, ple	ase contact the lenders directly
Lender	Tracking Key
1ST 2ND MORTGAGE COMPANY OF NEW JERSEY,	1-1176746874
Print	

Note: After completing this process, you will receive several e-mail messages which provide important information and instructions about your DO registration and sponsorship requests.

For further assistance contact the Technology Service Center at 800-2FANNIE (232-6643) or your Fannie Mae representative.