

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.

	ement 2. Organization	3. Contact	4. Users		6. Review
Software Subscription	n Agreement				
Application Name					
Desktop Originator					
FANNIE MAE LICENSES THE ABOVE BETWEEN FANNIE MAE AND LICEN		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					ENSE, EACH AS AMENDED, RESTATED DR EACH LICENSED APPLICATION.
BY EXECUTING THIS FORM, LICEN: BE BOUND BY ALL TERMS AND CO				ABLE SCHEDULE AND F	PART OF THE AGREEMENT, AND AGRE
			EDOLL.		
Software Subscription License					
	<u>ן</u>				
Software Subscription License General Terms and Conditions Schedule	by clicking on this check-box an his request, (b) the company rep	d entering my name presents and warrant	in the space below, I s that the informatio	n in this form is comple	l am a duly authorized officer or dele tte and accurate and Fannie Mae is er.
Software Subscription License General Terms and Conditions Schedule I understand and agree that, the of the company associated with the entitled to rely on it and (c) the consistency Signed by:	by clicking on this check-box an his request, (b) the company rep mpany intends to be bound by	d entering my name presents and warrant	in the space below, I s that the informatio	n in this form is comple	ete and accurate and Fannie Mae is
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 his request, (b) the company rep mpany intends to be bound by	d entering my name presents and warrant	in the space below, I s that the informatio	n in this form is comple	ete and accurate and Fannie Mae is

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	f Contact								
This user will be authori	zed to review Fannie	Mae invoices online and	receive contract bull	etins and other notices					
Is Test Tester the billing	g contact as well?								
							Back	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	3. Contact	4. Users	5. Lenders		
Billing Contact	2. 01501120101	5. contact		oricentero		
First Name	MI (Opt	tional)	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 Use

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	bany who will use the	e Desktop Origina	tor application must have a	ind use their own user I	D			
Name 🗘	Phone :	÷	Email 🗘		User Admin	Billing Contact	Edit	
Test T Tester	(703) 1	123-4567	Tester1@fann	emae.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		
	1. Agreement				5. Lenders	6. Review		
	1. Agreement		ion 3. Contact MI (Optional)	4. Users Last Name	5. Lenders	6. Review		
First Name	1. Agreement					6. Review		
First Name	1. Agreement			Last Name		6. Review		
First Name Address 1234 Tester Way	1. Agreement			Last Name		6. Review	\supset	
Address	1. Agreement			Last Name Address 2 (Optional)				
City	1. Agreement			Last Name Address 2 (Optiona State	al)	Zip		
First Name Address 1234 Tester Way City Reston	1. Agreement			Last Name Address 2 (Optiona State VA	al)	Zip		
First Name Address 1234 Tester Way City Reston Phone	1. Agreement			Last Name Address 2 (Optiona State VA	al)	Zip		
First Name Address 1234 Tester Way City Reston Phone (999) 999-9999	1. Agreement			Last Name Address 2 (Optiona State VA	al)	Zip		



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

1.	Agreement	2. Organizati	on 3. Contact	4. Users	5. Lenders	6. Review		
Iser Information								
ach person in your company	who will use the	e Desktop Origina	tor application must have	and use their own user l	D			
here must be at least 1 User /	Admin and exactl	y 1 Billing Point o	of Contact					
Name 🗢	Phone 4	•	Email 🗢		User Admin	Billing Contact	Edit	
Test T Tester	(703) 1	23-4567	Tester1@fanr	iemae.com	✓	\bigcirc	Edit	
Test T Tester	(703) 1	23-4567	Tester1@fanr	iemae.com		0	Edit	
Add New User								
							Back C	ontin
dit User	Agreement	2. Organizatio	on 3. Contact	4. Users	5. Lenders	6. Review		
	Agreement		on <u>3. Contact</u>	4. Users Last Name	5. Lenders	6. Review		
dit User	Agreement				5. Lenders	6. Review		
dit User	Agreement		II (Optional)	Last Name		6. Review		
dit User i rst Name Test	Agreement		II (Optional)	Last Name Tester		6. Review		
r dit User irst Name Test ddress	Agreement		II (Optional)	Last Name Tester		6. Review		
dit User irst Name Test ddress 1234 Tester Way	Agreement		II (Optional)	Last Name Tester Address 2 (Optiona				
dit User irst Name Test ddress 1234 Tester Way	Agreement		II (Optional)	Last Name Tester Address 2 (Optiona State	al)	Zip		
indit User irst Name Test ddress 1234 Tester Way ity Reston	Agreement		II (Optional)	Last Name Tester Address 2 (Optiona State VA	al)	Zip		
dit User irst Name Test ddress 1234 Tester Way ity Reston hone	Agreement		II (Optional)	Last Name Tester Address 2 (Optiona State VA Email	al)	Zip		
dit User irst Name Test ddress 1234 Tester Way ity Reston hone (703) 123-4567	Agreement		II (Optional)	Last Name Tester Address 2 (Optiona State VA Email	al)	Zip		
dit User irst Name Test 1234 Tester Way ity Reston hone (703) 123-4567	Agreement		II (Optional) T	Last Name Tester Address 2 (Optiona State VA Email	al)	Zip		



	1. Agreement	2. Organization	3. Contact	4. Users	5. Lenders	6. Review		
User Informa								
		e Desktop Originator app ly 1 Billing Point of Conta		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		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	ck Continue



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						
Email Address	Tester1@fann	iemae.com					
Name 🗢	Phone 3	÷	Email 🗢		User Admin	Billing Contact	Edit
Test T Tester	(703) 1	23-4567	Tester1@fanniem	ae.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 request	, which could delay	your sponsorship appr	roval process	
							De
							Ba

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.