INSTRUCTIONAL USER GUIDE

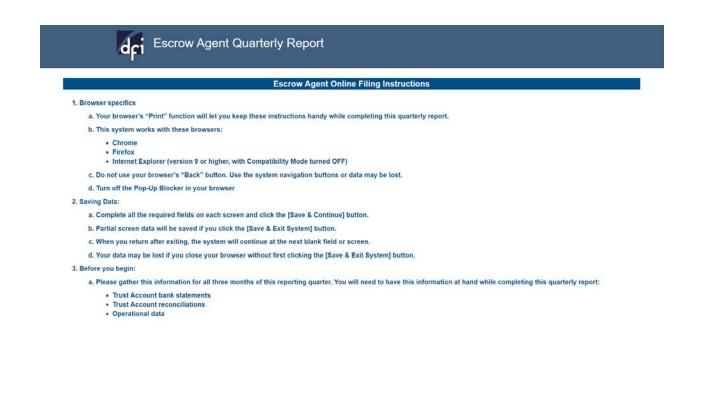
Escrow Quarterly Report SAW Registration

If you already have a Secure Access Washington (SAW) account that you use to access other state agency services you may use the same log in information. You'll add a new service by choosing Department of Financial Institutions – Escrow Agent QR.

To get started visit Secure Access of Washington at https://secureaccess.wa.gov/myAccess/saw/select.do.

Filing your Quarterly Report

Please refer to the screenshots below to get started on submitting your quarterly report. *If this is your first time filing an escrow quarterly report you'll need to register to gain access to the system. System access takes two days for processing.*



b. Create your PDF file(s) for upload at the end o	of the process:
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via email on 'date' to 'email address').

- · Required Trust Account bank statement for third month of the reporting quarter, just the page showing the ending balance.
- Optional Additional documentation to respond to specific questions asked during the Trust and Operations Data Entry phases.
- c. Quarterly Report Phases:
 - Data Entry (Trust Accounting and Operations) Enter information for each field. When you reach the end of a screen, please review the entries for accuracy. When you are confident all fields are correct, click the [Save & Continue] button to move on to the next screen.
 - You cannot go back to previous screens during the Data Entry phases; however, you will have another opportunity to review information for accuracy when you
 reach the "Review & Edit" phase.
 - Based on the answers to some questions, the system may prompt you for additional explanation(s). You may enter the explanation in the comment box provided for that question, or upload supporting documentation in a later phase. HINT: If you already provided the explanation, please use the comment box to tell us when and how you sent the explanation to DFI (e.g.: Sent 'document name'
 - Review & Edit Verify the information you entered for accuracy once more. Use the Edit hyperlink to update the data if needed.
 - Upload & Certify Only the Designated Escrow Officer (DEO) or Principal may complete this phase. Save your supporting document(s) in PDF format onto your
 computer. This system will only accept PDF files. Upload the PDF document(s) to support this quarterly report. Review the list of successfully uploaded files, then
 Certify and submit this report.
 - Required Uploads Every quarterly report must include the Trust Account bank statement (page showing ending balance) for the last month of this reporting quarter. If your company uses multiple trust accounts, attach the correct statement page for each account.
 - Additional Uploads Based on the answers to your questions during the data entry phases, the system will remind you to provide additional explanations for those questions/answers. You may enter such explanation in comment box during the data entry phase, or you may upload supporting documentation to provide the explanation. If you believe the explanation provided in the comment box is sufficient, you do not need to upload the "optional" documentation.

Complete & Print – BEFORE you exit the system, print a copy of the submitted report for your own records. After the report is certified, the system will NOT allow you to access THIS quarterly report again.



Please Note: You must complete each phase before moving on to the next section. If you realized you've made an error in the middle of your filing you cannot return back to the previous section, you must wait until the Review/Edit Phase in order to make your corrections.

The system will guide you through the filing process, starting with your basic information. Please select the quarter from the drop down option and click "Continue."

dri Escrow Agent Quarterly Report
Escrow Agent Basic Information
This is the current information for this Escrow Agent on file with DFI. You will have opportunity to inform DFI of changes to this information on specific screens later during the Operations Data Entry phase.
Escrow Agent Name: EAQR Testing
License Number: 540-EA-124251
Doing Business As Name(s):
Formerly Known As:
Physical Address: 150 Israel Rd SW Tumwater, WA 98501
DEO Name: Fake EO TestRecord
DEO License Number: 540-DO-71110
Please select the quarter for which you are reporting: Quarter 2 - 2020 v
Continue

TRUST ACCOUNT ENTRY PHASE

You will need to complete the Trust Account Entry for each trust account you have on record with DFI. Provide your trust account number and click on "Validate." *If your trust account information that you provided is correct and you received an account number not found message you'll still be able to continue with your filing.*

	0	2	3	4	5	
	Trust Account Entry Phase	Operation Entry Phase	Review/Edit Phase	Upload/Submit Phase	Complete/Print Phase	
		Trust Acc	ount Inform	ation		
The main office and one branch office n The main office maintains three trust ac Please enter your Trust Account number	counts: You must complete t	his phase for each	of the three trust	accounts.		
1234567 Validate		1	Exit System			
	Agent Quarterly		Exit System	~		
	Agent Quarterly	r Report	3	4 Udload/Submit	5 Complete/Print	
	3		Exit System 3 Review/Edit Phase	4 Upload/Submit Phase	5 Complete/Print Phase	

Indicate the appropriate responses to the below questions.

	0	2	3	(4)	5	
	Trust Account Entry Phase	Operation Entry Phase	Review/Edit Phase	Upload/Submit Phase	Complete/Print Phase	
		Rec	onciliations			
Please gather the full me will ask questions regar			ank statements, f	or the three-month	reportable quarter. The	e following sec
Trust Account ***4567						
1. OYES ONO Was the t Identify which month				CONTRACTOR CONTRACTOR CONTRACTOR OF		
2. O YES ONO Did you v	arify and correct all avcent	inne/adjustmante ha	husen the monthly	hank statement half	ance for the trust account	t and the month
trial balance of the client le Please provide an exp	edger as of the quarter end	i date?				
the corrective action.	sanadon for cach adj	astinentexceptio	in that menudes	a description, t	ional amount, danse	action date a
					1	
3. YES NO Did all ind Please provide an exp accounts that have a amount of the negativ	planation including the negative balance including	e total dollar amo	ount of negative			
Please provide an exp accounts that have a amount of the negativ	lanation including th negative balance incl e balances.	e total dollar amo uding the individ	ount of negative ual escrow nun	nbers, the name	s of the clients, and	the dollar
Please provide an exp accounts that have a amount of the negative 4. ••••••••••••••••••••••••••••••••••••	planation including the negative balance inclu- e balances. Mar amount of the total out planation that includes	e total dollar amo uding the individ	ount of negative ual escrow nun y to clients equal th	nbers, the name	s of the clients, and the clients of	the dollar
Please provide an exp accounts that have a amount of the negativ	planation including the negative balance inclu- e balances. Mar amount of the total out planation that includes	e total dollar amo uding the individ	ount of negative ual escrow nun y to clients equal th	nbers, the name	s of the clients, and the clients of	the dollar
Please provide an exp accounts that have a amount of the negative 4. • YES • NO Did the do client ledgers? Please provide an exp escrow transaction an	planation including the negative balance inclu re balances. planation the total out planation that include: nount.	e total dollar amo uding the individ	ount of negative ual escrow nun y to clients equal th pount of exception	nbers, the name	s of the clients, and the clients of	the dollar
Please provide an exp accounts that have a amount of the negative dient ledgers? Please provide an exp escrow transaction and 5. YES ONO As of the Please provide a list of	planation including the negative balance inclive re balances.	e total dollar amo uding the individ Istanding trust liabilit is total dollar amo have any outstandin hacks older thar	ount of negative ual escrow num y to clients equal th ount of exception	nbers, the name	s of the clients, and t	the dollar es of the individu and for each
Please provide an exp accounts that have a amount of the negative dient ledgers? Please provide an exp escrow transaction ar 5. • YES • NO As of the	planation including the negative balance inclive re balances.	e total dollar amo uding the individ Istanding trust liabilit is total dollar amo have any outstandin hacks older thar	ount of negative ual escrow num y to clients equal th ount of exception	nbers, the name	s of the clients, and t	the dollar es of the individu and for each
Please provide an exp accounts that have a amount of the negative devices of the exp client ledgers? Please provide an exp escrow transaction and 5. O YES ONO As of the Please provide a list of	planation including the negative balance inclive re balances.	e total dollar amo uding the individ Istanding trust liabilit is total dollar amo have any outstandin hacks older thar	ount of negative ual escrow num y to clients equal th ount of exception	nbers, the name	s of the clients, and t	the dollar es of the individu and for each
Please provide an exp accounts that have a amount of the negative dient ledgers? Please provide an exp escrow transaction and S. YES NO As of the Please provide a list of may attach such list a	Ilanation including the negative balance inclu- re balances.	e total dollar amo uding the individ Istanding trust liabilit is total dollar amo have any outstandin have solder thar the cks older thar	ount of negative ual escrow num y to clients equal th ount of exception og checks older tha 1 90 days, inclu	nbers, the name he total dollar amou ons, escrow num n 90 days? de: check numb	s of the clients, and i	the dollar es of the individu and for each d payee. (You
Please provide an exp accounts that have a amount of the negativ 4. • YES • NO Did the de client ledgers? Please provide an exp escrow transaction an 5. • YES • NO As of the Please provide a list of may attach such list a	Ilanation including the negative balance inclu- re balances. Ilar amount of the total out planation that includes nount. end of this quarter, do you of these outstanding of the end of this report TO REMIT. Did the escroro	e total dollar amo uding the individ Islanding irust liabilit is total dollar amo have any outstandin checks older thar rt).	ount of negative wal escrow num y to clients equal th punt of exception ig checks older that 90 days, inclu- salamed funds as re	nbers, the name he total dollar amou ons, escrow num n 90 days? de: check numb	s of the clients, and i	the dollar es of the individ and for each d payee. (You

Provide your 3 way reconciliation report for the third month.

	1	- 2	3	4	5	
	Trust Account Entry Phase	Operation Entry Phase	Review/Edit Phase	Upload/Submit Phase	Complete/Print Phase	
	RE	CONCILIATIO	ON SUMMAR	RY REPORT		
Please enter specific reconciliation data	from your bank statement and	i three-way reconci	liation report for	the third month of	the reportable quarter.	
HINT: • The three "as of" dates should ma	tch					
 The adjusted bank balance should 	I match the adjusted system/b	ook balance and cli	ent ledger trial b	alance (next scree	n)	
Trust Account ***4567 for quarter e	nding Jun, 2020					
A. Monthly Bank Statement						
Ending Balance per bank statement as o	f/_/(MM/DD/YYYY)	\$ 0.00	Ð		
Add:						
			\$ 0.00			
Deposits in transit						
Adjustment						
Adjustment				\$		
				\$		
Adjustment				\$		
Adjustment			\$0.00	\$		
Adjustment			\$0.00	\$		
Adjustment			\$0.00]\$[]		

Provide your 3 way reconciliation report for the third month. (Continued)

	1 Trust Account	2 Operation Entry	3 Review/Edit	4 Upload/Submit	5 Complete/Print	
	Entry Phase	Phase	Phase	Phase	Phase	
	RECON	CILIATION SU	MMARY RE	PORT (contin	ued)	
Are client funde held in interest hearing trust	accounts or dividend caming	Investment second	to constate from	the operate trust a	accurate if VEC, please a	complete the below section. You must list
Are client funds held in interest bearing trust a each bank account separately by customer na						complete the below section. You must list
f yes, please complete this information						
	(MM/DD/YYYY)					
Customer savings account(s) as of	(אאיססייייי)					
	(MM/DD/YYYY)					
If yes, please complete this information Customer savings account(s) as of/_/ Customer Name(s)	(MM/DD/YYYY)			\$		
Customer savings account(s) as of	(MM/DD/YYYY)		0	\$		
Customer savings account(s) as of		secount/s) on the Tr		\$		
Customer savings account(s) as of	ed to the customers escrow a		ial Balance 〇	s		

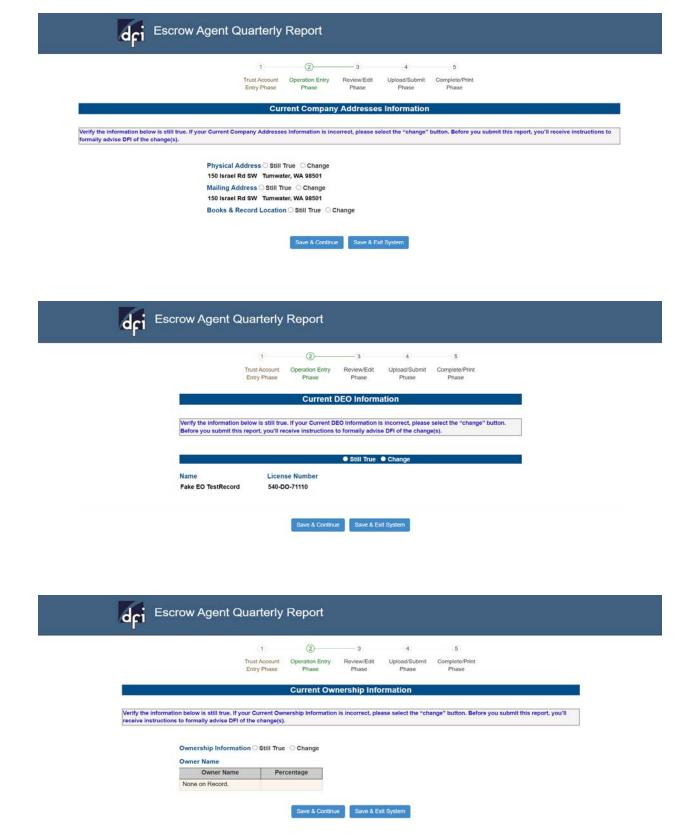
	1	2	3	.4	5	
	Trust Account Entry Phase	Operation Entry Phase	Review/Edit Phase	Upload/Submit Phase	Complete/Print Phase	
				PORT (contin		
se enter specific reconciliation data from	n your three-way recor	ciliation report for	the third month	of the reportable or	iarter.	
R	. jour unice maj recor	ionination report for	are an a month	en une repertante qu		
 The three "as of" dates should match The adjusted bank balance (prior screet) 	n) should match the a	diusted system/bo	ok balance (B) a	nd client ledger tria	I balance (C) below	
The adjusted bank balance (prior serve	ing should match the a	ujusinu sysiemise	on Balance (B) a	ild chefte fooger ofo	Contract (0) Delow	
B. Balance per system/book as	of: _/_/ (M	M/DD/YYYY)		\$ 0.00	1	
Add:				\$ 0.00		
Adjustment						
Aujustinent						
				s		
·0·						
Deduct:				\$ 0.00		
Adjustment						
				\$		
O						
Adjusted ending balance per system/	book			\$ 0.00		
rightere entring bulance per offeten						
C. Client Ledger Trial Balance						

Indicate if you have another trust account to report.

	1 2 3 4 5 Trust Account Operation Entry Review/Edit Upload/Submit Complete/Print Entry Phase Phase Phase Phase Phase
	Trust Account
	Do You Have Another Trust Account? YES NO
dci Escre	w Agent Quarterly Report
dri Escre	w Agent Quarterly Report
dri Escra	0 2 3 5
dri Escre	
dri Escre	(1) 2 3 4 5 Trust Account Operation Entry Review/Edit Upload/Submit Complete/Print Entry Phase Phase Phase Phase
dri Escra	①2 3 4 5 Trust Account Operation Entry Review/Edit Upload/Submit Complete/Print

OPERATIONS ENTRY PHASE

Select the appropriate response to each answer and provide the following information.



	Trust Account Op Entry Phase	2 3 eration Entry Reviewit Phase Phase	Edit Upload/Subm	5 It Complete/Print Phase	
	Currei	nt Insurance & Bo	nds Information	n	
Verify the information below is still tru- formally advise DFI of the change(s).	e. If your Current Insurance & Bonds Infor	mation is incorrect, pleas	se select the "change"	button. Before you submit this report,	, you'll receive instructions t
rormany advise DPI of the change(s).					
		Still True	Change		
Issuer DFI Test	Policy#	Value \$1,000,000	Deduct \$0	Expires 09/09/2021	
	3111111	\$1,000,000	φU	08/08/2021	
		Still True	Change		
Issuer	Policy#	Value	Deduct	Expires	
DFI Test	00000	\$10,000,000 Save & Continue	\$0 e & Exit System	09/09/2022	
		Save & Continue Sav	1.1	09/09/2022	
	w Agent Quarterly Re	Save & Continue Save	e & Exit System		
	w Agent Quarterly Re	Save & Continue Save eport 2 3	e & Exit System	5	
	w Agent Quarterly Re	Save & Continue Save	e & Exit System	5	
	ow Agent Quarterly Re 1 Trust Account Op Entry Phase	Save & Continue Save eport (2 3 veration Entry Review) Phase Phase	e & Exit System 4 Edit Upload/Subm e Phase	5 it Complete/Print	
	ow Agent Quarterly Re 1 Trust Account Op Entry Phase	Save & Continue Save eport 2 3 weration Entry Review(e & Exit System 4 Edit Upload/Subm e Phase	5 it Complete/Print	
Verify the information below is still tru	ow Agent Quarterly Re 1 Trust Account Op Entry Phase	Save & Continue Save eport 2 3 veration Entry Reviewi Phase Phase Current Branch In	e & Exit System 4 Edit Upload/Subm e Phase nformation	5 it CompleterPrint Phase	ive instructions to formally a
dri Escro	ow Agent Quarterly Re 1 Trust Account Op Entry Phase	Save & Continue Save eport 2 3 veration Entry Reviewi Phase Phase Current Branch In	e & Exit System 4 Edit Upload/Subm e Phase nformation	5 it CompleterPrint Phase	ive instructions to formally a
Verify the information below is still tru	e. If your Current Branch Information is in	Save & Continue Save eport 2 3 veration Entry Reviewi Phase Phase Current Branch In	e & Exit System 4 Edit Upload/Subm e Phase nformation	5 it CompleterPrint Phase	ive instructions to formally a

OPERATIONS ENTRY PHASE (continued)

	1	2	3	4	5	
	Trust Account Entry Phase	Operation Entry Phase	Review/Edit Phase	Upload/Submit Phase	Complete/Print Phase	
		Operations	Entry (con	tinued)		
7. OYES ONO ONO EMPLOYED condition in the last three years? Please note: a licensee must impler	ment written policies and pro	ocedures verifying no	employees who h	andle escrow funds	have been convicted of, or pl	ed guilty or noio
contrendre to, a felony or a gross mi	suemeanor involving distor					
contrendre to, a felony or a gross mi 8. OYES ONO Has there been an ascrow offlicer, or employee?		in the financial condit	tion of the escrow	agent, principal offic	er, controlling person, escrow	officer, designated

 OVES ONO Has the escrow agent or any escrow inforcement action by the state or federal regulatory a 	officer or employee of the escrow agent been notified or become aware that they are the subject of any investigation gency?
Provide a detailed explanation of the investi	ation or enforcement action, as required by RCW 18.44.301; RCW 18.44.430; RCW 18.44.311; an
VAC 208-680-275; WAC 208-680-570	
1. OYES ONO Has the escrow agent or any escrow	officer or employee of the above escrow agent been named in any lawsuit related to the escrow agent's activities?
Provide a detailed explanation of the lawsuit	as required by RCW 18.44.301; RCW 18.44.430; WAC 208-680-570.



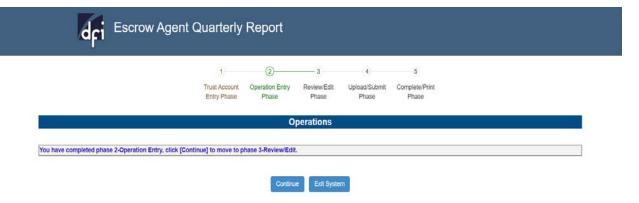
1	2	3	4	5
Trust Account	Operation Entry	Review/Edit	Upload/Submit	Complete/Print
Entry Phase	Phase	Phase	Phase	Phase

Escrow Agent Operation Data

Answer these questions as of your last quarterly report.

		Apr, 2020		May, 2020	Jun, 2020
Number of escrow accounts closed		0	1	0	0
Gross dollar amount of total funds received	\$	0.00	5	0.00	\$ 0.00
Gross dollar amount of total funds disbursed	5	0.00	\$	0.00	\$ 0.00
Gross fees earned (before sales tax)	\$	0.00	1 \$	0.00	\$ 0.00

Save & Continue Save & Exit System



<u>REVIEW/EDIT PHASE</u>

Review all of the information that you have provided. Use the "Edit" button to make any corrections needed.

Trust Account Entry Phase Operation Entry Phase Review/Edit Phase Upload/Submit Phase Complete/Print Phase Please review your quarterly report for accuracy and make any necessary changes. Escrow Agent Basic Information Please File Report as of: 06/30/2020 Escrow Agent Name: EAQR Testing License Number: 540-EA-124251 Doing Business As Name(s) Current Company Address Information Edit		(1)	2	3	- 4	5	
Escrow Agent Basic Information File Report as of: 06/30/2020 Escrow Agent Name: EAOR Testing License Number: 540-EA-124251 Doing Business As Name(s)							
File Report as of: 06/30/2020 Escrow Agent Name: EAOR Testing License Number: 540-EA-124251 Doing Business As Name(s)	Please review your quarterly report	t for accuracy and make	any necessary char	nges.			
Doing Business As Name(s)							
Doing Business As Name(s)			Escrow Ag	ent Basic Inform	nation	/	
			Escrow Ag	ent Basic Inform	nation		
Current Company Address Information Edit	ile Report as of: 06/30/2020	Escrow Agent Nam				-124251	
	File Report as of: 06/30/2020 Doing Business As Name(s)	Escrow Agent Nam				-124251	
	and a state of the		ne: EAQR Testin	ng License N	umber: 540-EA	-124251	
Physical Address Still True Change	and a state of the		ne: EAQR Testin	ng License N	umber: 540-EA	-124251	
ISO Israel Rd SW Tumwater, WA 98501	Doing Business As Name(s)		ne: EAQR Testin	ng License N	umber: 540-EA	-124251	
	Doing Business As Name(s) Physical Address = Still True	Change	ne: EAQR Testin	ng License N	umber: 540-EA	-124251	
ng Address Still True Change	g Business As Name(s) sical Address = Still True Israel Rd SW Tumwater, W	Change /A 98501	ne: EAQR Testin	ng License N	umber: 540-EA	.124251	

Upload/Certify & Submit Phase

You are required to submit copies of your bank statements for each trust account. You also have the option to upload additional supporting documents to support your answers for any of the questions that required a brief explanation.

	(1)	(2)	3	(4)	5	
	Trust Account Entry Phase	Operation Entry Phase	Review/Edit Phase	Upload/Submit Phase	Complete/Print Phase	
		Requ	ired Upload	S		
Please upload copies of you	r bank statements for (each trust acco	ount.			
		Addit	ional Uploa	ls		
Your answers to these questions require	e added information. If necess	ary, please upload	additional docun	entation now. Plea	se identify the question r	umber related to each doc
Trust Account ***4567						
Operations Information						
Operations Information 7. YES Has the escrow agent implemente	d written policies and procedure	es to verify employee	s have not shown	a disregard for their	financial condition in the las	st three years?
7. YES Has the escrow agent implemente Please note a licensee must implement writ	ten policies and procedures ver	ifying no employees	who handle escro	w funds have been o	convicted of, or pled guilty o	
7. YES Has the escrow agent implemente	ten policies and procedures ver	ifying no employees	who handle escro	w funds have been o	convicted of, or pled guilty o	
7. YES Has the escrow agent implemente Please note a licensee must implement writ	ten policies and procedures ver	ifying no employees	who handle escro	w funds have been o	convicted of, or pled guilty o	
7. YES Has the escrow agent implemente Please note a licensee must implement writ	ten policies and procedures ver	ifying no employees ve shown a disregard	who handle escro	w funds have been o condition in the last	convicted of, or pled guilty o	
7. YES Has the escrow agent implemente Please note a licensee must implement writ	ten policies and procedures ver	ifying no employees ve shown a disregard	who handle escro	w funds have been o condition in the last	convicted of, or pled guilty o	
7. YES Has the escrow agent implemente Please note a licensee must implement writ	ten policies and procedures ver	ifying no employees ve shown a disregard	who handle escro	w funds have been o condition in the last	convicted of, or pled guilty o	
 YES Has the escrow agent implemente Please note a licensee must implement writi gross misdemeanor involving dishonestly w 	ten policies and procedures ver	ifying no employees ve shown a disregard	who handle escro	w funds have been o condition in the last	convicted of, or pled guilty o	
7. YES Has the escrow agent implemente Please note a licensee must implement writ gross misdemeanor involving dishonestly w	ten policies and procedures ver	ifying no employees re shown a disregard	who handle escro	w funds have been (condition in the last Files	convicted of, or pled guilty o	
7. YES Has the escrow agent implemente Please note a licensee must implement with gross misdemeanor involving dishonestly w Choose File No file chosen	ten policies and procedures ver	ifying no employees re shown a disregard	who handle escro for their financial	w funds have been (condition in the last Files	convicted of, or pled guilty o	

Once you have successfully uploaded your files, you will then certify and submit your quarterly report.

Escrow Agent Quarterly Report
(1) (2) (3) (5) Trust Account Operation Entry Review/Edit Upload/Submit Complete/Print Entry Phase Phase Phase Phase
Review Application Upload Documents
Certify Application
City State Date Washington V (MWDD/YYYY)
Are you ready to submit this quarterly report? Click the Certify & Submit Report button.
I certify under penalty of perjury under the laws of the State of Washington that this Escrow Agent Quarterly Report and Attachments are true and correct.
Certify & Submit Report Exit System

Complete/Print Phase

Please print a copy of your quarterly report filing to retain for your records.

		ed Report	
nank you for submitting your	uarterly report. You may use your browser's '	"print" function now to save this report	or your files.
	ou will NOT be able to return to this qua		
you selected "change" for an	of the operations entries, please visit our we	bsite dfi.wa.gov or contact DFI at (360) 9	02-8703 to request the
scrow Agent Amendment App			
	Escrow Agent In	formation	