

Deceased Borrower Payment Reissue Request Form

Use the form below to request that a payment be reissued related to a deceased borrower. The check may be reissued to a decedent's estate, heir(s) or next of kin. The payment may not be reissued payable to a representative. Please review the instructions on the second page of this form.

Note: If you are the sole surviving spouse of a deceased borrower, consider using the **Sole Surviving Spouse Payment Reissue Request Form** (which may be requested by contacting the payment administrator at 1-877-919-9184) instead of this form.

Information from the initial Ocwen Misdated Letter Claims Program check you received (to the extent known):

Check Enclosed?	Check Date	Check No.	Amount	Tracking No.	Loan No.
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Your Information:

Name	
Mailing Address	
Email	Phone
Relationship to Decedent	

Deceased Borrower Name	Date of Death	
Payee Name(s) Requested	Payee Name SSN/TIN	Payee Type <input type="checkbox"/> Estate <input type="checkbox"/> Heir(s) Named in Will <input type="checkbox"/> Next of Kin/No Will
Was estate created? <input type="checkbox"/> Yes <input type="checkbox"/> No Is estate closed? <input type="checkbox"/> Yes <input type="checkbox"/> No If estate closed, date closed: _____		

Affidavit and Indemnity Agreement: I/we represent that:

- The information and documents I/we have provided are true and accurate;
- I/we act as executor/administrator or personal representative of the decedent's estate, OR the estate has already been terminated, OR no estate was opened or personal representative appointed for the decedent;
- Any heir(s) or next-of-kin named above has (have) sole entitlement to benefits from this action for the loan listed above;
- I/we have no knowledge of any unpaid claims against decedent or his/her estate; and,
- I/we understand that Epiq Class Action & Claims Solutions, Inc. ("Epiq") is relying upon this affidavit as an inducement to recognize my/our interest in this action.

In consideration of recognizing my/our interest in this action, I/we hereby agree to indemnify, defend, and hold harmless, Epiq and Ocwen, together with their affiliates, officers, directors, agents and employees, and the Ocwen Misdated Letter Claims Program Settlement Fund, from any claims, losses, or damages arising out of this claim of authority, including but not limited to any liability for state or federal taxes, fees, or penalties.

 Printed Name Signature Date

 Printed Name Signature Date

Notarized before me on this _____ day of _____, 20_____.	Notary Public Seal
Notary Signature:	

Mail form to: Ocwen Misdated Letter Claims Program, PO Box 4349, Portland OR 97208-4349

Instructions: Complete the form entirely and sign it in the presence of a notary (who must also sign). Mail the form along with a copy of the death certificate, the original check and documentation to substantiate your request. Such documentation may include an operative last will and testament, orders of estate, letters testamentary or a small estate affidavit. If you are an executor/administrator or personal representative of the estate, provide proof of your authority.

If there are questions about your submission, the payment administrator may request additional information and/or documentation. Once the form has been processed and validated, the check will generally be issued in 30 days. If the original check is not returned, a replacement check cannot be issued until at least 40 days after the void date on the original check.

Questions? If you would like to confirm that your form has been received, or if you have questions, call 1-877-919-9184 or send an email to info@OcwenMisdatedLetterClaims.com. Agents are available Monday–Friday, 9:00 a.m. to 9:00 p.m. Eastern Time and Saturday, 8:00 a.m. to 4:00 p.m. Eastern Time.

**Questions? Call 1-877-919-9184 or email
info@OcwenMisdatedLetterClaims.com**

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