

## Sole Surviving Spouse Payment Reissue Request Form

Use this form to request that a payment be reissued in your name when all of the following conditions are true:

1. You are the sole surviving spouse of a deceased borrower.
2. You have received an Ocwen Misdated Letter Claims Program check.
3. The check is made out to you and your deceased spouse.
4. You are eligible to receive your deceased spouse's share of the payment.

If you meet all of these conditions, 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 and the original check to the address shown below. If you *do not* meet the conditions listed above, review the **Deceased Borrower Payment Reissue Request Form** instead.

The payment administrator will process the form and take reasonable steps to validate the information you have submitted. 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 be reissued in your name for the full amount of the payment for the loan. The check is generally mailed 30 days after validation. 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](mailto: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.

### Information from the initial Ocwen Misdated Letter Claims Program (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 (sole surviving spouse of a deceased co-borrower):

Name	
Mailing Address	
Email	Phone
Submitted by: <input type="checkbox"/> Sole Surviving Spouse <input type="checkbox"/> Representative of Sole Surviving Spouse (attach proof of representation)	

### Deceased Co-borrower Information (attach copy of death certificate):

Name:	Date of Death:
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**Affidavit and Indemnity Agreement:** I represent that (1) the information I have provided on this form is true and accurate; (2) I have sole entitlement to the benefits derived from this action for the loan listed above; and (3) I have no knowledge of any unpaid claims against decedent or his/her estate. I understand that Epiq Class Action & Claims Solutions, Inc. (“Epiq”) is relying upon this Affidavit as an inducement to recognize my interest in this action.

In consideration of recognizing my interest in this action, I 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 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

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