Ocwen NYDFS Consent Order PO Box 4655, Portland OR 97208-4655

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** (found at www.OcwenNYDFSPayments.com) instead of this form.

Information from the initial Ocwen NYDFS Consent Order check you received (to the extent known):

Check Enclosed?	Check Date	Check No.	Amount	Tracking No.	Loan No.
🗌 Yes 🗌 No					

Your Information:

Name							
Mailing Address							
Email		Phone					
Relationship to decedent							
Desseed Demouse Name			ata af Daath				
Deceased Borrower Name		Date of Death					
Payee Name(s) Requested	Payee Name SSN/TIN		Payee Type	 Estate Heir(s) named in will Next of kin/no will 			
Was estate created? 🗌 Yes 🗌 No Is estate closed? 🗌 Yes 🗌 No If estate closed, date closed:							

Affidavit and Indemnity Agreement: I/we represent that:

- 1. The information and documents I/we have provided are true and accurate;
- 2. 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;
- 3. Any heir(s) or next-of-kin named above has (have) sole entitlement to benefits from this action for the loan listed above;
- 4. I/we have no knowledge of any unpaid claims against decedent or his/her estate; and,
- 5. 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 NYDFS Consent Order 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 thisday of, 20 Notary Signature:	Notary Public Seal	

Mail form to: Ocwen NYDFS Consent Order, PO Box 4655, Portland OR 97208-4655

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 1-877-541-3110 or send an email to info@OcwenNYDFSPayments.com. Agents are available Monday-Friday, 9:00 a.m.-9:00 p.m. Eastern Time and Saturday, 8:00 a.m.-4:00 p.m. Eastern Time.