## Ocwen NYDFS Consent Order PO Box 4655. Portland OR 97208-4655

## **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 NYDFS Consent Order 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 at www.OcwenNYDFSPayments.com.

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 1-877-541-3110 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.

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						
our Information (s	sole surviving spou	se of a deceased co	-borrower):	·		
Name						
Mailing Address						
Email				Phone		
Submitted by: Sole S	Surviving Spouse	Representative of Sole S	Surviving Spouse (	attach proof of representation	า)	
eceased Co-borro	ower Informatio	n (attach copy of de	ath certificate):			
Name:			Date of	Date of Death:		
2) I have sole entitlem npaid claims against elying upon this Affida n consideration of recoven, together with the	ent to the benefits of decedent or his/he wit as an induceme cognizing my interest their affiliates, office is, or damages aris	derived from this action estate. I understant to recognize my institute in this action, I hears, directors, agents	on for the loan I and that Epiq C nterest in this ac ereby agree to i and employees	I have provided on this for isted above; and (3) I have lass Action & Claims Sociation.  Indemnify, defend, and have and the Ocwen NYDF eluding but not limited to	ve no knowledge of any olutions, Inc. ("Epiq") is nold harmless Epiq and S Consent Order Fund,	
Printed Name S		Signatu	re	Date		
Notarized before me	e on thisday	/ of 	Notary Public S	eal		
Notary Signature:						

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