

Split Payment Request Form

Use this form to request that the payment administrator reissue your check as separate checks made out to each borrower listed on the initial check. In all cases, each separate check will be issued for a proportional (or "*pro rata*") share of the original check amount. For example, if the initial check was for \$10,000 and made out to two co-borrowers, the payment administrator can only issue separate \$5,000 checks to each borrower. Under no circumstances will the payment be reallocated in a different fashion.

IMPORTANT: The undersigned hereby understand(s) that Epiq Class Action & Claims Solutions, Inc. ("Epiq") is relying upon this Request Form as an inducement to recognize my/our interest in this action. I/we hereby agree to indemnify, defend, and hold harmless Epiq and Ocwen, together with their affiliates, officers and directors, agents and employees, and the Ocwen NYDFS Consent Order Settlement Fund from any claims, losses or damages arising out of (1) a coborrower or other third party asserting rights or claim to the remediation payment, and/or (2) split payments made in error, whether such claim is known or unknown, now held or arising in the future.

Provide information about the initial check (to the extent known):

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

Select one:

- All borrowers submit this form together.**
All borrowers on the check have signed below. We request that the payment administrator issue a separate *pro rata* check to each of us. *Note:* If there are more than two borrowers on the check, provide the same information, including signature(s), for other borrower(s) on a separate page.
- I submit this form only for myself.**
The coborrower(s) cannot be reached or is (are) unwilling to cooperate in this request for separate checks. Please issue a *pro rata* check to me. I understand the payment agent will also issue *pro rata* payment(s) to my coborrower(s) listed on the check.

Borrower 1

Name Change? (If yes, complete section on back of form.)

Name	
Mailing Address	
Email	Phone
Signature	Date

Borrower 2

Name Change? (If yes, complete section on back of form.)

Name	
Mailing Address	
Email	Phone
Signature	Date

Reason for split payment request

Please turn over for instructions on how to submit this form.

Instructions: Attach the original check and mail to the address below. If you return the original check, *pro rata* replacement checks will be issued approximately 30 days after the request has been received and validated. If the original check is not returned, replacement checks cannot be issued until at least 40 days after the void date on the original check.

The payment administrator may validate the mailing address based on public record information. If the payment administrator cannot validate an address, proof of address may be required.

Questions? If you have questions, please call 1-877-541-3110 (Monday-Friday 9:00 a.m. to 9:00 p.m. Eastern Time, Saturday 8:00 a.m. to 4:00 p.m. Eastern Time) or send an email to info@OcwenNYDFSPayments.com.

Payee Name Change Request

If your name appears incorrectly on your check, provide the following information and documentation to request that the payment administrator issue your split payment with your name corrected. By signing on the reverse side, you represent that the information provided is true and accurate.

Reason for

name change

Documentation to submit with this form

Marriage

Copy of marriage certificate or signed social security card.

Divorce

Copy of divorce decree stating you may resume the use of your maiden name or name confirmed by a court or signed social security card.

Legal Name

Name change document confirmed by a court or signed social security card.

Misspelled Name

Driver's license or signed social security card.

Name as it currently appears on check: _____

Name as it should appear: _____

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

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