# SCRA Contribution Fund PO Box 6389, Portland, OR 97228-6389

#### **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 decedent's estate, heir(s) or next of kin. Please review the instructions on the second page of this form.

**Note:** If you are the sole surviving spouse of a deceased borrower and were/are co-borrower with the deceased on the loan referenced in this notice, consider the **Sole Surviving Spouse Payment Reissue Request Form** instead at www.SCRAContributionFund.com.

## Information from the initial SCRA Contribution Fund 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				
Relationship to decedent				
Decessed Berrower Name	Date of Death			

		Date o	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 sole entitlement to benefits derived 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 the SCRA Contribution Fund, together with their affiliates and/or related interests, officers and directors, agents and employees, 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	Notary Public Seal	
, 20 Notary Signature:		

Mail form to: SCRA Contribution Fund, PO Box 6389, Portland, OR 97228-6389

Questions? Call 1-877-551-6853 or visit www.SCRAContributionFund.com

**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 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, we 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 have questions, please call 1-877-551-6853 (Monday-Friday 9:00 a.m. to 9:00 p.m. Eastern Time) or visit www.SCRAContributionFund.com.