

## Sole Surviving Spouse Payment Reissue Request Form

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

1. You are the sole surviving spouse of a deceased borrower.
2. You have received an SCRA Contribution Fund check.
3. Your deceased spouse also received a SCRA Contribution Fund check.
4. You are eligible to have your deceased spouse's SCRA Contribution Fund check reissued in your name.

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, please submit the **Deceased Borrower Payment Reissue Request Form** instead. Forms are available at [www.SCRAContributionFund.com](http://www.SCRAContributionFund.com).

We will process the form and take reasonable steps to validate the information you have submitted.

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 be reissued in your name for the full amount of the payment. 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.

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.
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Your Information (sole surviving spouse of a deceased co-borrower)

Name
Mailing Address
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
------	---------------

**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 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

Notarized before me on this ____ day of _____, 20____.	Notary Public Seal
Notary Signature:	

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

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](http://www.SCRAContributionFund.com).

Questions? Call 1-877-551-6853 or visit [www.SCRAContributionFund.com](http://www.SCRAContributionFund.com)