

Chong v. Shellpoint Settlement Administrator
P.O. Box 404041
Louisville, KY 40233-4041



NEH

*Dorothy Kerr Checa Chong v.
New Penn Financial, LLC,
d/b/a Shellpoint Mortgage Servicing*

UNITED STATES DISTRICT COURT FOR THE SOUTHERN
DISTRICT OF FLORIDA

Case No. 9:18-cv-80948-RLR

Must Be Postmarked No Later Than November 12, 2019

CLASS ACTION CLAIM FORM

CLAIMANT INFORMATION

<input type="text"/>				<input type="text"/>	<input type="text"/>			
First Name				M.I.	Last Name			
<input type="text"/>								
Primary Address								
<input type="text"/>								
Primary Address Continued								
<input type="text"/>								
<input type="text"/>				<input type="text"/>	<input type="text"/>			<input type="text"/>
City				State		Zip Code		
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text"/>
Foreign Province				Foreign Postal Code		Foreign Country Name/Abbreviation		

PLEASE FULLY COMPLETE THIS CLAIM FORM AND SIGN IT BELOW. INCOMPLETE CLAIM FORMS WILL BE INVALID AND THE CLAIM MAY BE DENIED. Unless you complete this Claim Form online, please carefully print using dark ink.

IF MORE THAN ONE PERSON IS NAMED AS A BORROWER AND THEIR NAME APPEARS ABOVE, THEN ALL NAMED BORROWERS MUST COMPLETE AND SIGN THIS CLAIM FORM.

TO BE COMPLETED BY YOU:

1. State in which property securing loan is located							
<input type="text"/>							
2. Claimant's Date of Birth				Co-Claimant's Date of Birth (if applicable)			
<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/> - <input type="text"/> - <input type="text"/>			
3. Claimant(s)' Home Telephone Number							
<input type="text"/> - <input type="text"/> - <input type="text"/>							
4. Last four digits of Claimant's Social Security Number				Last four digits of Co-Claimant's Social Security Number (if applicable)			
<input type="text"/>				<input type="text"/>			

CLAIMS ARE SUBJECT TO AUDIT AS DESCRIBED IN THE INSTRUCTIONS. CLAIMANTS ARE CAUTIONED NOT TO SUBMIT FRAUDULENT CLAIMS AS ALL CLAIMS ARE SUBJECT TO AN AUDIT AND REVIEW.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Please complete both Sections 1 and 2 below, sign this form, follow the instructions, and return the Claim Form by the deadline.

Section 1

- (1) On or after March 1, 2014, I was placed with a lender-placed hazard, flood, flood-gap, or wind insurance policy procured by Overby-Seawell Company, insuring improvements to site-built residential real property (an “LPI Policy”);**
- (2) I was charged an LPI Policy premium by Shellpoint;**
- (3) The cost of the LPI Policy was not cancelled out in full after issuance; and**
- (4) Since the issuance of the LPI Policy, I have not filed a Petition under Chapter 7 of the United States Bankruptcy Code, whereby my indebtedness on my residence including all charges for the LPI Policy has been discharged in bankruptcy.**
- (5) I have not been subject to a final foreclosure judgment foreclosing the mortgage on the property covered by the LPI Policy.**

I hereby declare (or certify, verify, or state) under penalty of perjury that the foregoing statements and the information provided by me on this Claim Form are true and correct.

Signature of Claimant: _____ **Dated (mm/dd/yyyy):** _____

Signature of Co-Claimant: _____ **Dated (mm/dd/yyyy):** _____

Please MAIL THIS CLAIM FORM with identity verification document(s) to Chong v. Shellpoint Settlement Administrator, P.O. Box 404041, Louisville, KY 40233-4041 with a postmark of no later than November 12, 2019, or, if a private mail carrier is used, with a label reflecting that it is sent no later than November 12, 2019. Or, you may upload or submit a completed Claim Form and identity verification documents online on the Settlement Website www.ChongSettlementInfo.com no later than midnight Eastern Standard Time on November 12, 2019.

Para más información comuníquese al número 1-866-579-5212 o para obtener Instrucciones y Formulario de Reclamación en español por favor vaya a www.ChongSettlementInfo.com, o escriba a Chong v. Shellpoint Settlement Administrator, P.O. Box 404041, Louisville, KY 40233-4041.



Section 2

VERIFICATION OF IDENTITY OF CLAIMANT

In order to submit a valid Claim, Claimants must in addition to making the verifications in Section 1 above, confirm their identity by one of the following methods:

- (1) The signature of a witness who is 18 or older verifying that they witnessed the Claimant(s) execute the Claim Form, and this witness verification shall include the following: "I verify that I witnessed the signing of this Claim Form by the Claimant and the foregoing is true and correct," or
- (2) Provide a copy of a valid form of government identification that contains a signature and photograph of the Claimant(s), or
- (3) Provide a copy of a Shellpoint mortgage statement issued to Claimant(s), or
- (4) Provide a completed notary verification that the Claimant(s) executed the Claim Form making the required affirmations under oath in the presence of the notary, and with evidence of the notarial authority in compliance with the law of the state in which it is being executed (such as a seal).

You must provide only one of the above. Forms for verifying your identity using Options 1 and 4 above, appear on the following pages. If you provide a witness signature (Option 1), OR a photographic identification with a signature (Option 2), OR a mortgage statement (Option 3), you do not need to provide a notary verification (Option 4) and may discard it.



Option 1

Witness Verification

I witnessed the Claimant(s) execute the foregoing Claim Form, and affirm and verify under penalty of perjury that the foregoing is true and correct:

Signature of Witness: _____ **Dated (mm/dd/yyyy):** _____

Address of Witness

Address of Witness Continued

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Phone

Option 4

Notary Verification

I witnessed the Claimant(s) execute the foregoing Claim Form, and affirm and verify under penalty of perjury that the foregoing is true and correct:

STATE OF _____)

SS

COUNTY OF _____)

BEFORE ME, the undersigned authority, personally appeared _____, who after having been duly sworn, state(s) that the foregoing affirmation and statement is true and correct. He/she personally appeared before me, is/are personally known to me or produced _____ as identification, and did take an oath.

Signature of Notary: _____

Print Name: _____ [NOTARY SEAL]

Notary Public, State of: _____

My commission expires: _____

