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Your Claim must be submitted online or postmarked by: February 26, 2027

CLAIM FORM

Racheal M. Vaughn v. GMFS, LLC and NewRez, LLC, d/b/a Shellpoint Mortgage Servicing
Case No. C-152523
17th Judicial District Court for the Parish of Lafourche

GENERAL INSTRUCTIONS

Please fully complete this Claim Form and sign it below. Incomplete Claim Forms will be invalid, and your Claim may be denied. The Long Form Notice and Settlement Agreement, available at the Settlement Website www.LouisianaInsuranceInterestSettlement.com, includes more information about the Settlement and your rights and options.

To receive a payment, you must submit a Claim Form by February 26, 2027.

Claim Forms may be submitted online at www.LouisianaInsuranceInterestSettlement.com or by mail at the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form by U.S. mail, postmarked by the Claim Deadline above, to:

Vaughn v. GMFS, LLC and NewRez, LLC d/b/a Shellpoint Mortgage Servicing
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

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, except in the case of married co-borrowers, in which case only one borrower must complete this Claim Form.

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

1. Claimant Name: _____
2. Co-Claimant Name (if applicable): _____
3. Mailing Address: _____

   _____
4. Claimant's Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___
5. Co-Claimant's Date of Birth (if applicable): ___ ___ / ___ ___ / ___ ___ ___ ___
6. Last four digits of Claimant's SSN: ___ ___ ___ ___
7. Last four digits of Co-Claimant's SSN: ___ ___ ___ ___

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II. CERTIFICATION

To participate in the Class Action Settlement of the above-captioned case and to complete this Claim Form, please verify that the statements below are true and correct by affixing your signature to the Claim Form thereunder. If the statements below are not true, you are not entitled to a Settlement payment and should not submit a Claim Form.

1. On or after August 1, 2022, I was a borrower on a residential mortgage loan secured by property located in the State of Louisiana containing one to four dwelling units, which loan was serviced by NewRez, LLC d/b/a Shellpoint Mortgage Servicing and/or owned by GMFS, LLC;
2. NewRez or GMFS held insurance settlement proceeds for my property in the amount equal to or greater than twenty-five thousand dollars ($25,000.00) in escrow for a period exceeding thirty (30) days;
3. I did not receive interest on the insurance proceeds held in escrow;
4. I was not in default, past due, or in foreclosure when the insurance proceeds were held; and
5. I certify under penalty of perjury that the information I provided on this form is true and correct.

_____ (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Claimant Signature Telephone

_____ _____@_____
Print Name Email

_____ (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Co-Claimant Signature Telephone

_____ _____@_____
Print Name Email

Para mas informacion comuniques al numero (833) 453 1879 o para obtener Instrucciones y Formulario de Reclamacion en Espanol por favor vaya a www.LouisianaInsuranceInterestSettlement.com, o escriba a Vaughn v. GMFS, LLC and NewRez, LLC d/b/a Shellpoint Mortgage Servicing, c/o Kroll Settlement Administration, PO Box 225391, New York, NY 10150-5391.