

Name(s):

(Barcode)
Claimant ID:
Verification No.:

CLASS ACTION CLAIM FORM

PLEASE FULLY COMPLETE THIS CLAIM FORM AND SIGN IT BELOW. INCOMPLETE CLAIM FORMS WILL BE DEEMED 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 LISTED AT THE TOP OF THIS NOTICE THEN ALL PERSONS LISTED THERE MUST COMPLETE AND SIGN THIS CLAIM FORM.

TO BE COMPLETED BY YOU:

1. Claimant's Name:			
FIRST	MI	LAST	
2. Claimant's Current Address (if different from the address on the envelope enclosing this Claim Form):			
STREET			
CITY	STATE	ZIP CODE	
3. State in which property securing loan is located:	4. Claimant's Date of Birth:		
	MM	DD	YYYY
5. Claimant's Home Telephone Number:	6. Claimant's Social Security Number:		
() . . . - (Last four digits only)		

1. Co-Claimant's Name:			
FIRST	MI	LAST	
2. Co-Claimant's Current Address (if different from the address on the envelope enclosing this Claim Form):			
STREET			
CITY	STATE	ZIP CODE	
3. State in which property securing loan is located:	4. Co-Claimant's Date of Birth:		
	MM	DD	YYYY
5. Co-Claimant's Home Telephone Number:	6. Co-Claimant's Social Security Number:		
() . . . - (Last four digits only)		

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.

Questions? Call 1-888-337-8272 Toll Free or Visit www.BelangerSettlementInfo.com

Please be advised that you should not answer "Yes" or "No" to both questions. For example, if you answered "Yes" to Question 2 indicating that you paid all or a portion of the premium, then you should mark "No" as to Question 1.

(1) Have you been charged by RoundPoint for, and **STILL OWE** and **HAVE NOT PAID**, charges on a hazard, flood, flood-gap, or wind-only lender-placed insurance policy covering your residential property?

YES NO

(2) Have you been charged by RoundPoint for **AND PAID** all or a portion of that charge for coverage under a hazard, flood or wind-only lender-placed insurance policy covering your residential property?

YES NO

If you ONLY answered "YES" to **Question 1** above, complete Section 1 below of this Claim Form **only** and follow the instructions to mail in the Claim Form.

If you ONLY answered "YES" to **Question 2** above, please complete Sections 1 and 2 below, sign the form, and provide **ONE** of the following:

The signature of a witness who is 18 or older, **OR**

A copy of a valid form of identification that contains a signature and photograph of the Claimant(s), **OR**

A copy of a RoundPoint mortgage statement issued to Claimant(s), **OR**

A completed notary verification which is provided with this CLAIM FORM.

YOU ONLY NEED TO PROVIDE ONE OF THE ABOVE FORMS OF PROOF OF IDENTITY.

Section 1

- 1) During the time period described on the Instructions for this Claim Form, I was listed as a borrower on a mortgage on real property that was issued a Certificate of Insurance under a lender-placed hazard, flood, flood gap or wind-only insurance policy issued by Great American and procured by Willis of Ohio, f/d/b/a Loan Protector Insurance Services, on behalf of RoundPoint Mortgage Servicing Corporation (“RoundPoint”) and placed pursuant to my mortgage loan agreement, home equity loan agreement, or home equity line of credit serviced by RoundPoint to cover my Residential Property (an “LPI Policy”);
- 2) I was charged for coverage under an LPI Policy by RoundPoint;
- 3) The cost of the LPI Policy was not cancelled out in full after issuance; and
- 4) Since the issuance of coverage under RoundPoint’s LPI Policy, I have not filed a Petition under Chapter 7 of the United States Bankruptcy Code, and my indebtedness on my residence secured by my security instrument has not been compromised or discharged in bankruptcy.

I hereby declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information provided by me on this Claim Form is true and correct.

	MM	DD	YYYY
(Signature of Claimant)	(Date Signed)		
	MM	DD	YYYY
(Signature of Co-Claimant)	(Date Signed)		

PLEASE MAIL THIS CLAIM FORM TO: Belanger Settlement, c/o JND Legal Administration, P.O. Box 91345, Seattle, WA 98111, with a postmark of no later than May 13, 2019, or, if a private mail carrier is used, with a label reflecting that it is sent no later than May 13, 2019. Or, you may upload or submit a completed Claim Form online on the Settlement Website www.BelangerSettlementInfo.com, no later than midnight Eastern Time on May 13, 2019.

Section 2

VERIFICATION OF IDENTITY OF CLAIMANT

For Claimants answering “Yes” to Question 2 above, in order to submit a valid Claim, they must in addition to making the verifications set forth in Section 1 above, confirm their identity through one of the following methods:

- Option 1:** The signature of a witness who is 18 or older verifying that they have witnessed the Claimant execute the Claim Form, and this witness verification shall include the following: “I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that I witnessed the signing of this Claim Form by the Claimant and the foregoing is true and correct,” or
- Option 2:** Provide a copy of a valid form of identification that contains a signature and photograph of the Claimant(s), or
- Option 3:** Provide a copy of a RoundPoint mortgage statement issued to Claimant(s), or
- Option 4:** Provide a notarial signature affirming that the Claimant executed the Claim Form making the required affirmations under oath in the presence of the notary and bearing evidence of the notarial authority in compliance with the law of the state in which it is being executed (e.g., 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, a mortgage statement, OR a photographic identification with a signature, you do not need to provide a notary verification (Option 4) and may discard it.

Option 1

WITNESS VERIFICATION

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that I witnessed the signing of this Claim Form by Claimant and the foregoing is true and correct:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Signature of Witness)	(Date Signed)		
<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Address of Witness)			
<input type="text"/>			
(Phone Number)			

Option 4

NOTARY VERIFICATION

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.

Notary: _____
(Signature)

Print Name: _____

Notary Public, State of _____

My commission expires: _____

[NOTARY SEAL]