

PHH SETTLEMENT CLAIM FORM

Please complete each section of this Claim Form. Once completed, you may either mail the Claim Form to:

Munoz, et al. v. PHH Corp., et al.

c/o JND Legal Administration

P.O. Box 91304

Seattle, WA 98111

or email a scanned copy to **info@PHHMISettlement.com**.

You may also complete this Claim Form electronically at www.PHHMISettlement.com. In order to be eligible to receive a payment, this Claim Form must be submitted or postmarked (if mailed) by **August 11, 2026**.

SECTION I: CONTACT INFORMATION		
Unique ID contained in the Notice you received (if you did not receive a Unique ID, write "unavailable"):		
First Name	Last Name	
Street Address		
City	State	Zip Code
Email Address	Phone Number	

SECTION II: PHH LOAN INFORMATION	
(1) ADDRESS OF PROPERTY FOR WHICH YOU OBTAINED A RESIDENTIAL MORTGAGE LOAN ORIGINATED OR ACQUIRED BY PHH OR ITS AFFILIATES	(1) _____ _____
(2) PHH LOAN NUMBER, IF KNOWN	(2) _____
(3) NAME OF CO-BORROWERS, IF ANY	(3) _____

SECTION III: AFFIRMATION	
I hereby affirm each of the following: • I am/was a borrower on a residential mortgage loan originated and/or acquired by PHH and/or its affiliates from January 1, 2007 to December 31, 2009, for the property identified in Section II above. • To the best of my memory, in connection with the loan, I paid some amount for private mortgage insurance. • I am not an officer, director, or employee of PHH and/or its affiliates. • I have not previously excluded myself from the certified class in this Action, and I have not and do not intend to exclude myself from the Settlement Class. • The information provided in this Claim Form is true and correct to the best of my knowledge. _____ Signature _____ Date	