

Nationstar, d/b/a Mr. Cooper, Consent Order  
 QSF Settlement Administrator  
 P.O. Box 5168  
 Portland, OR 97208-5168

**Reissue Request**

A consumer may request a reissue by phone, email, or letter. If the payee name should be changed, complete, sign, and submit this form to the address above with appropriate documentation and the original check. The Administrator will reissue a check once the prior check has been returned or the stale date on the prior check has passed.

By signing below, you declare under penalty of perjury that the information provided below is true and correct.

**Provide information about the initial check** (to the extent known):

Check Enclosed?	Check Date	Check No.	Amount	Tracking No.	Loan No.
<input type="checkbox"/> Yes <input type="checkbox"/> No					

**Choose from the following options the reason(s) for the reissue request:**

Payee name has changed (e.g., marriage or divorce)

Submit copy of documentation showing proof of your name change, such as a copy of your driver’s license, marriage certificate, Social Security card, divorce decree stating you may resume the use of your maiden name or name confirmed by a court, or a name change document confirmed by a court.

The payee is deceased

Submit copy of documentation (regarding the estate, heir, next of kin, personal representative, administrator, or executor) showing valid proof of authority. Care will be taken to document the validity of such requests including review of a death certificate along with an operative last will and testament, orders of estate, letters testamentary, small estate affidavit, or similar documentation.

One or more co-borrowers is deceased, not competent, or otherwise medically unable to negotiate the check (for a loan with two or more co-borrowers)

Submit copy of documentation such as death certificate(s) or other proof for check to be reissued to surviving co-borrower(s).

Requesting a split pro rata check be reissued to the respective payees.

Each check will be issued for the proportional (or “pro rata”) share of the original check amount, no exceptions. Fill out the borrower(s) information below.

(see other side)

**Questions? Call 1-855-914-4649 or email  
 info@NationstarConsentOrder.com.**

**Borrower 1**

**Name Change?** (If yes, submit name change documentation.)

Name	
Mailing Address	
Email	Phone
Signature	Date

**Borrower 2**

**Name Change?** (If yes, submit name change documentation.)

Name	
Mailing Address	
Email	Phone
Signature	Date

Reason for split payment request
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**Note:** If the check is located after this form has been submitted, it cannot be cashed and should be destroyed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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info@NationstarConsentOrder.com.**