

SEVERE EMOTIONAL DISTRESS FUND CLAIM FORM

GENERAL INSTRUCTIONS

Please review the following instructions before proceeding.

In addition to compensation for the Wells Fargo mortgage modification error that all Class Members will receive, you are eligible to apply for additional compensation if you believe you suffered severe emotional distress as a direct result of the error. Cathy Yanni, the court-appointed Special Master, will decide the amount of any compensation to which you may be entitled from the Severe Emotional Distress Fund.

An amount of \$1,450,000 of the settlement has been set aside to establish a Severe Emotional Distress Fund. To submit a claim to the Severe Emotional Distress Fund, you must complete this form. You may, but are not required to, submit any documents, including medical records and billing records, that you would like the Special Master to consider.

Please note, if you are a Class Member, you will receive the guaranteed minimum payment described in the Notice you received regardless of whether you submit an additional claim to the Severe Emotional Distress Fund. Please see the Settlement Website at www.HomeLoanModificationSettlement.com for more information.

To complete this Claim Form online, and to submit any documents in support of your claim, go to www.HomeLoanModificationSettlement.com. If you do not have access to a computer, you can mail the claim form and any supporting documents to Hernandez, et al. v. Wells Fargo Bank, N.A., c/o JND Legal Administration, P.O. Box 91350, Seattle, WA 98111.

YOU MUST COMPLETE THE ONLINE CLAIM FORM OR MAIL THE FORM POSTMARKED NO LATER THAN OCTOBER 25, 2021.

UNIQUE ID:
SECTION A: CLAIMANT INFORMATION

1. CLAIMANT NAME:	First	Middle	Last
2. FORMER OR MAIDEN NAME:			
3. DATE OF BIRTH:	_____ Month Day Year		
4. CURRENT ADDRESS:	Street Address (including apartment/unit number, if applicable)		
	City	State/Province	
	Postal Code	Country	
5. ADDRESS OF PROPERTY AT ISSUE:	Street Address (including apartment/unit number, if applicable)		
	City	State/Province	
	Postal Code	Country	
6. TELEPHONE NUMBER:	(____) - ____ - ____ Area Code Number		
7. EMAIL ADDRESS:			
8. IS ENGLISH YOUR FIRST LANGUAGE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. IF YOU ANSWERED "NO" TO QUESTION 8, WHAT IS YOUR FIRST LANGUAGE?			

SECTION B: DESCRIBE YOUR SEVERE EMOTIONAL DISTRESS

Please complete the information below. You may use additional sheets of paper to describe your experiences.

If you need or want any assistance in filling out this Claim Form, the Court has appointed attorneys to represent Class Members, and those attorneys are available at no cost to you to help you. Call 816-984-8100 or 510-350-9718 or email rick@paulllp.com or mls@classlawgroup.com.

- 1. Please describe the emotional distress you believe you suffered because of the loan modification error.**

- 2. Have you sought counseling or medical treatment by any healthcare or mental health professional for your above-referenced emotional distress?**

Yes No

If yes, please describe below. *Anyone listed below will not be contacted and this information will be used only to evaluate your claim.*

Date(s) (even if approximate):	Name(s) of Professional(s):	Nature of Treatment:
____ / ____ / ____ (MM/DD/YYYY)	_____ _____	_____ _____
____ / ____ / ____ (MM/DD/YYYY)	_____ _____	_____ _____
____ / ____ / ____ (MM/DD/YYYY)	_____ _____	_____ _____
____ / ____ / ____ (MM/DD/YYYY)	_____ _____	_____ _____

3. Please provide any additional information you believe is relevant or useful for the Special Master to know.

SECTION C: SIGNATURE

By signing below, I declare under penalty of perjury that the information provided in this Claim Form is true and correct to the best of my knowledge.

_____ Signature _____ Printed Full Name

____ / ____ / ____
 (MM/DD/YYYY)