

CLAIM FORM

Travis v. Guild Mortgage Company

Your Estimated Individual Settlement Payment is <<EST. AMOUNT>>

To obtain payment under the settlement, you must (1) mail and complete all requested information, sign, date, and return this Claim Form, postmarked no later than **October 28, 2016** to:

Claims Administrator for *Travis v. Guild Mortgage Company* Class Action Settlement
c/o Phoenix Settlement Administrators
P.O. Box 7208
Orange, CA 92863

Or (2) submit an online claim form at www.phoenixclassaction.com/travisvguildmortgage no later than 11:59 pm, October 28, 2016

If you miss the deadline, you will not receive any money under the settlement.

A. PLEASE VERIFY YOUR NAME AND ADDRESS:

«Barcode» Claim #:

PSAID

«First1» «Last1»

«Address1» «Address2»

«City», «ST» «ZIP» «Country»

Name/Address Corrections (if any):

B. EMPLOYMENT INFORMATION:

Guild’s records indicate you were employed as a Loan Processor within the State of California. Guild’s records also show the following:

Workweeks worked as a Loan Processor between June 9, 2010 to December 31, 2015 (excluding leaves of absence) is <<WW>>>.

If you disagree with the above information, please indicate the correct information and attach documentation in support. (Please Note: Provide the best documentation possible, including paystubs or timesheets, but at a minimum a detailed account of your disagreement. Attach additional pages if necessary).

C. YOUR ESTIMATED INDIVIDUAL SETTLEMENT PAYMENT:

Your estimated Individual Settlement Payment is listed at the top of this Claim Form and is based on the information in Section B above. This estimated amount may change based on various factors, including the number of Class Members who submit a valid and timely Claim Form. This estimated amount is calculated based on the Net Settlement Amount as described in the Notice, and after all estimated payroll withholdings (excluding employer share of payroll taxes).

D. ACKNOWLEDGEMENTS AND DECLARATION UNDER PENALTY OF PERJURY:

I have received the Notice and submit this Claim Form under the terms of the proposed settlement described. I acknowledge I am giving up the Released Claims against the Released Parties. I understand the full terms of the proposed settlement are on file with the court.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I provided above is true.

Dated

Signature

Full Name (Print): _____

Last Four Social Security Number: XXX -XX - ____ ____ ____ ____

(Failure to sign and fill in each of the above information will result in the rejection of your claim.)

Email Address (for confirmation of receipt of this Claim Form): classmember@phoenixclassaction.com