INVOLUNTARY UNEMPLOYMENT INITIAL BENEFIT ACTIVATION FORM

If you are receiving benefits from your State Unemployment agency, you should contact the Borrowers Protection Plan service center to determine if you may be eligible for Borrowers Protection Plan benefits.

Instructions for Completing the Benefit Activation Form

1. There is a waiting period: You must be unemployed for at least 30 consecutive days before submitting your benefit request. Please review your Borrowers Protection Plan Addendum under the Involuntary Unemployment section for full details on protected events.

2. Incomplete sections or missing signatures will cause delays in processing your benefit.

3. All sections must be handwritten. Typed forms will be returned.

4. Print your name and address at the top of each page.

5. Please review the enclosed guide titled “How to Complete Your Involuntary Unemployment Benefit Activation Form” for assistance in completing this form.

6. For additional information about requesting a benefit, please visit the following website: www.bankofamerica.com/loanprotectionservice

7. If you have questions, you may call Protection Plan Services at 866.317.5116.

What to Expect:

We will begin processing your request within seven days from the date we receive all of the required information. During the review process we may determine additional information is needed. If this is the case, we will contact you to request the additional information. When the decision is reached, we will notify you.
1. Loan Account Number(s) - List all loan account numbers protected by Borrowers Protection Plan. _______

2. Protected Borrower’s Full Name________________________ Date of Birth________________________
   Address _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   Telephone (________________________)
   City _____________________________ State _______ Zip Code ______________

3. Occupation ____________________________

4. Employer’s Name ____________________________
   Address _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________
   Telephone (________________________)
   City _____________________________ State _______ Zip Code ______________

IMPORTANT TAX INFORMATION: Benefits provided by Borrowers Protection Plan may be taxable income to you, your estate or survivors, and may reduce the amount of interest reported to the IRS on Form 1098. Consult a tax advisor regarding the tax impact of benefits.

If we need to refund payments you made during your benefit period, or otherwise issue reimbursements, the fastest way to receive the refund is to deposit the money into your Bank of America checking account. Please provide your Bank of America checking account number below, if applicable.*

Your signature authorizes us to deposit the refund into your Bank of America checking account.

__________________________  ____________________________
(Your Signature)              (Your Checking Account Number)

*Residents of California, Washington and Idaho or borrowers who do not own a Bank of America checking account will receive a check for refund amounts, if applicable.

*If you receive state unemployment benefits which are deposited directly into your Bank of America checking account, signing below authorizes us to review your checking account each month to confirm you are continuing to receive state unemployment benefits. This may shorten the time that is required to review your benefit. We will only review your checking account pursuant to this authorization while we are reviewing your request for Borrowers Protection Plan Involuntary Unemployment benefits. *

Your signature authorizes us to view your Bank of America checking account.

__________________________
(Your Signature)

*Residents of California, Washington and Idaho or borrowers who do not own a Bank of America checking account must provide proof that you received benefits from the state unemployment office unless other acceptable proof of your Involuntary Unemployment is provided in accordance with the terms of your Borrowers Protection Plan Addendum.
SECTION 1 - Protected Borrower must complete, date and sign this section after the 30 day waiting period.

1. On what date did your former employer notify you of your layoff or termination? ___/____/_____
2. What is the reason you left the most recent employer? __________________________________
3. When did you begin working for the most recent employer? _____/______/________
4. When did you stop working for the most recent employer? ______/_____/_______
5. How many hours did you work each week? _______
6. Was your employment seasonal? ___Yes _____No
7. Did you receive any severance pay, an ending bonus, or compensation for unused sick or vacation time? If yes, how many weeks of pay did you receive? ___________
8. Were you absent from work and did not receive pay during the 90 days before the last day worked? _____Yes _____No
   If yes, please explain.______________________________________________________________
   _______________________________________________________________________________
9. Have you returned to work with either your former or a new employer? ___Yes ___No
10. If yes, on what date? __________ / __________ / __________
11. Do you expect to return to work with the most recent employer _____Yes _____No,
12. If yes, when? ____/_____/______
13. Are you actively looking for work? ___Yes _____No
14. Have you registered with your State Unemployment Office? ___Yes _____No
   If yes, what is the first date you registered with the State Unemployment Office? _____/_____/______

Please include a copy of:
- State Unemployment Determination Letter: and
- Copies of your state unemployment checks for every 30 days since the start of your unemployment or proof that the unemployment benefit was deposited directly into your checking account.

PROTECTED BORROWER’S SIGNATURE AND AUTHORIZATION:
I ______________________ (print name) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. IF ANY OF MY ANSWERS TO THE QUESTIONS ON THIS FORM ARE NOT TRUE, I UNDERSTAND THAT MY BENEFIT REQUEST MAY BE DENIED AND IF THE BENEFIT HAS ALREADY BEEN PROCESSED, I UNDERSTAND I WILL BE REQUIRED TO PAY ANY AMOUNTS CANCELED BY THE PLAN. I AUTHORIZE ANY EMPLOYER OR OTHER ORGANIZATION, OR PERSON HAVING ANY RECORDS, DATA OR INFORMATION CONCERNING THIS BENEFIT REQUEST TO FURNISH SUCH RECORDS, DATA, OR INFORMATION TO BANK OF AMERICA, N.A., ITS AFFILIATES OR THEIR AUTHORIZED REPRESENTATIVE AS REQUESTED. I UNDERSTAND IN EXECUTING THIS AUTHORIZATION, I WAIVE THE RIGHT FOR SUCH INFORMATION TO BE PRIVILEGED. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

IN CERTAIN CASES, YOU MAY BE REIMBURSED IN ADVANCE FOR FUTURE PAYMENTS ENTITLED TO CANCELLATION UNDER THE PLAN IF YOU DO NOT HAVE A PAYMENT DUE AT THE TIME BENEFITS ARE ISSUED. IF YOU PARTICIPATE IN A PAYPLAN, WHICH MEANS YOUR MONTHLY PAYMENT IS AUTOMATICALLY DEBITED FROM YOUR CHECKING OR SAVINGS ACCOUNT EACH MONTH, YOU MAY BE REIMBURSED IN ADVANCE FOR FUTURE PAYMENTS ENTITLED TO CANCELLATION UNDER BORROWERS PROTECTION PLAN BUT WHICH ARE SCHEDULED TO BE AUTOMATICALLY DEBITED. THESE ADVANCE REIMBURSEMENTS MAY BE ISSUED BY CHECK OR BY ELECTRONIC DEPOSIT TO YOUR BANK OF AMERICA CHECKING ACCOUNT. THESE ADVANCE REIMBURSEMENTS ARE SOLELY INTENDED TO CANCEL THE APPLICABLE MONTHLY PAYMENT AND CAN ONLY BE USED FOR THAT PURPOSE.
SECTION 2 – A State Unemployment Office representative must complete, date, sign and stamp this section.

1. Is this individual actively registered with your agency and seeking work?
   ____ Yes  Date First Registered  ____/____/_____
   ____ No What was the last date they were actively registered?  ____/____/____

2. Since registration have they been actively seeking work  Yes_____  No___

3. What was the date of the last day worked at the most recent employer?  ____/____/_____

4. What is the reason the individual no longer works for the employer?
   __________________________________________________________________________
   __________________________________________________________________________

Name of Agency _________________________________________________________________

Name of Individual completing this section_________________________   Title _____

Address _______________________________________________________________ Telephone (___) ____________

City _____________________________  State ______  Zip Code

* Signature X_____________________________ Date  ____/____/_____

STAMP