

PROTECTION PLAN SERVICES PO Box 25146 Santa Ana, CA 92799-5146

TO EXPEDITE YOUR BENEFIT REQUEST, FAX 866.380.6718 FOR QUESTIONS, CALL TOLL FREE 866.317.5116

Borrowers Protection Plan®

ONLINE FORM

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

- 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.
- 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
IMPOR	TANT TAX INFORMATION	: Benefits provided by Borrowers Protection Plan may be taxable income to you,
		educe the amount of interest reported to the IRS on Form 1098. Consult a tax
advisor	regarding the tax impact of	benefits.
fast	test way to receive the refun	you made during your benefit period, or otherwise issue reimbursements, the d is to deposit the money into your Bank of America checking account. Please hecking account number below, if applicable.*
	Your signature authorize	es us to deposit the refund into your Bank of America checking account.
	(Your Signate	ure) (Your Checking Account Number)
	•	ashington and Idaho or borrowers who do not own a Bank of America checking of for refund amounts, if applicable.
signing state u your ch	below authorizes us to revien nemployment benefits. This	t benefits which are deposited directly into your Bank of America checking account, ew your checking account each month to confirm you are continuing to receive may shorten the time that is required to review your benefit. We will only review this authorization while we are reviewing your request for Borrowers Protection enefits. *
	Your signature a	uthorizes us to view your Bank of America checking account.
	_	(Your Signature)
must p	rovide proof that you receive	on and Idaho or borrowers who do not own a Bank of America checking account ed benefits from the state unemployment office unless other acceptable proof of 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?YesNo				
7.	Did you receive any severance pay, an ending bonus, or compensation for unused sick or vacat				
t	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?				
	YesNo				
	If yes, please explain				
9.	Have you returned to work with either your former or a new employer? YesNo				
10.	If yes, on what date?/				
11.	Do you expect to return to work with the most recent employerYesNo,				
12.	If yes, when?/				
13.	Are you actively looking for work? YesNo				
14.	Have you registered with your State Unemployment Office? Yes No				

• State Unemployment Determination Letter: and

Please include a copy of:

• 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:

If yes, what is the first date you registered with the State Unemployment Office? / /

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.

	Protected Borrower Name and Address (print your name and address) Name:			
ECTIO	ON 2 – A State Unemployment Office representative must complete, date, sign ar	nd 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?			
Nar	me of Agency			
	Name of Individual completing this section Title	_		
	Address Telephone ()		
	City State Zip Code			
*	Signature X Date/ /	STAMP		