

Penton v. Centennial Bank
c/o Analytics Consulting LLC
P.O. Box 2003
Chanhassen, MN 55317-2003
www.centennialbanksettlement.com

| WRITE YOUR NAME AND ADDRESS BELOW: | |
|------------------------------------|-----------------------|
| Name: | _____ |
| Address: | _____ _____ |
| City: | _____ |
| State: | _____ Zip Code: _____ |

CLASS ACTION CLAIM FORM

Penton v. Centennial Bank et al., Case No. 4:18-cv-00450-AW-MAF (N.D. Fl.)

You received this Claim Form because you have been identified by Centennial Bank as a Settlement Class Member in this lawsuit involving Centennial Bank's force-placed insurance policies and practices. If you were charged by Centennial Bank, or its affiliates, and not fully refunded, for hazard, windstorm, and/or flood insurance policy force-placed on real property located in the United States and its territories, you may be entitled to compensation under this settlement.

To receive compensation, **PLEASE FULLY COMPLETE THIS CLAIM FORM, SIGN IT, AND RETURN IT BY April 3, 2023 TO THE SETTLEMENT ADMINISTRATOR** via any of the methods listed below. If more than one person is listed on this Claim Form, it must be signed by all individuals.

Incomplete or late Claim Forms may be deemed invalid so please make sure that this Claim Form is filled out completely and returned on time.

Section 1: Claimant Information

Claimant(s) Name(s): _____

Claimant(s) Telephone Numbers: _____

Claimant(s) Email Address: _____

Section 2: Eligible Loans

An eligible Forced-Place Insurance Loan is any loan that was charged at any time between October 1, 2013 through December 31, 2019 (or between October 1, 2012 and December 31, 2019 for charges insuring Alabama real property), for hazard, windstorm, and/or flood insurance policy force-placed by Centennial or its affiliates, and not fully refunded, on real property located in the United States and its territories.

Please include any loans by loan number that were charged for hazard, windstorm, and/or flood insurance coverage force-placed by Centennial or its affiliates, and not fully refunded during the period described above:

Section 3: Certification

By signing and submitting this Claim Form, the claimant or the person(s) who represent the claimant certifies that with respect to Loan, the claimant:

- 1. is not presently the Debtor in a pending bankruptcy case arising under Title 11 of the United States Code;
- 2. did not receive a final judgment of discharge under Title 11 of the United States Code affecting the Force-Placed Insurance Loan identified above after the last Force-Placed Insurance certificate was charged on the Force-Placed Insurance Loan;
- 3. did not confirm a plan under Chapters 11, 12, or 13 of Title 11 of the United States Code affecting the Force-Placed Insurance Loan identified above after the last Force-Placed Insurance certificate was charged on the Force-Placed Insurance Loan;
- 4. did not waive, settle, or release all claims related to Force-Placed Insurance (which occurs when all claims known or unknown are released) after the last Force-Placed Insurance certificate was charged to the Force-Placed Insurance Loan identified above; and
- 5. is not subject to a final money judgment or final judgment of foreclosure with respect to the Force-Placed Insurance Loan identified above.

By signing below, you are certifying that the information contained in this form is true and correct. If you believe any information was provided in error or is incorrect, please use the space below to indicate what is in error and provide what you believe to be the correct information. You may attach additional sheets as necessary. The claims administrator and attorneys for the settling parties reserve the right to request documentation to validate any offered corrections.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS CLAIM FORM IS TRUE AND CORRECT.

Signature of Claimant _____ Date _____

Print Claimant Name Here _____

Signature of Joint Claimant _____ Date _____

Print Joint Claimant Name Here _____

If the claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Signing on Behalf of Claimant Date _____

Print Name of Person Signing on Behalf of Claimant Here

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor)

YOU MAY SUBMIT YOUR CLAIM FORM VIA ANY OF THE FOLLOWING METHODS:

**Mail to: Penton v. Centennial Bank
c/o Analytics Consulting LLC
P.O. Box 2003
Chanhassen, MN 55317-2003**

Email to: claims@centennialbanksettlement.com Online via: www.centennialbanksettlement.com