

**CLAIM FORM**  
**Pick-A-Payment Mortgage Loans,**  
**Distribution Payment**  
**The State of California -**  
**Department of Justice**

**Must Be Postmarked**  
**No Later Than**  
**December 9, 2011**  
**CAWF1**

Name/Address:  
(Please do not use RED INK or pencil.)

First Name	Last Name	
Address 1		
Address 2		
City	State	Zip Code

**INSTRUCTIONS:** If you elect to participate, you must fill out and sign this Claim Form and mail it (postmarked) to the Settlement Administrator by December 9, 2011. Please fill out the above to ensure that your Settlement Award is mailed to the correct address.

To participate and receive your distribution payment, you and any co-borrowers must complete and sign this Claim Form. The Form must be mailed, postmarked by December 9, 2011, to: Wells Fargo Assurance Agreement Administrator, c/o Gilardi & Co. LLC, P.O. Box 8060, San Rafael, CA 94912-8060.

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Signature

Co-Borrowers (if applicable):

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Signature

**PLEASE RETURN THIS CLAIM FORM TO THE FOLLOWING ADDRESS:**

WELLS FARGO ASSURANCE AGREEMENT ADMINISTRATOR  
C/O GILARDI & CO. LLC  
P.O. BOX 8060  
SAN RAFAEL, CA 94912-8060

**TO BE VALID YOUR CLAIM FORM MUST BE POSTMARKED BY DECEMBER 9, 2011**



FOR CLAIMS PROCESSING ONLY	<input type="radio"/> LC <input type="radio"/> OZ
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