



MEMBER AGREEMENT TO REPAIR PROPERTY

To avoid delays, please ensure all fields on this form are fully completed before you submit it to PenFed.

Name of Member(s) on PenFed Loan(s): _____

Property Loan Number (Primary and Secondary, if applicable): _____

Member's Phone Number for Correspondence: _____

Member's Email Address for Correspondence: _____

Full Property Address: _____
(Street, City, State & Zip Code)

Amount of Each Claim Check (Loss Draft) to be Endorsed by PenFed (please list each check amount separately): _____

Date of Loss: _____ **Cause of Damage/Loss:** _____

Name and Phone Number of Insurance Company: _____

I/We hereby certify that the insurance claim funds in the amount(s) listed above will be used to repair/restore the property to as good a condition/value or better than prior to the damages sustained. All repairs will be made and contractors will be paid in a timely manner. No material or labor liens will occur as a result of the labor performed or the materials used in restoration. For all claims with a replacement Cost Value over \$20,000: I/We understand that a licensed and insured contractor must be used to repair/restore the property for any skilled work (please refer to the full list on PenFed's Lost Draft Claims Guide). I/We also understand that there will be additional contractor documents required to process my claim and I/We agree to PenFed's inspection and disbursement requirements based on the Total RCV amount for my claim (please refer to PenFed's Lost Draft Claims Guide).

Contractors Hired for Repairs (list all applicable contractors performing clean up and restoration): _____

Please mail my claim checks to the following address:

****Note:** All endorsed checks are mailed out via USPS Certified Mail with signature required upon delivery at PenFed's cost. If you prefer to have your check overnighted (at your expense), please provide a pre-paid label with the original check.

Address to Mail Check to: _____
(Street, City, State & Zip Code)

Please Deposit my Claim Check into my PenFed Account Ending in (last four digits): _____

PenFed cannot deposit funds into another institutional bank account, however you have the option to call Member Services at 800-247-5626 and pay a wire fee to have funds wired to an outside bank account after they are deposited into your PenFed account.

****Note:** Claim checks that are not fully endorsed by all parties prior to sending them to PenFed will not be able to be deposited.

****Note:** Joint Checks cannot be deposited into an individual bank account.

****Note:** If your bank account is "Dormant" PenFed will not be able to deposit your check into that account.

****Note:** If the claim check is solely in a person's name that is not on the PenFed account, the check cannot be deposited.

Signature(s) of all Parties on the Insurance Check(s) Must be Provided Below:

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

The parties agree that the electronic signatures appearing on this form are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

A copy of this form serves as the original.