

Voluntary Termination of Payment Supplement Agreement

Please complete this form in its entirety, ensuring that you list the full loan number, full property address with City, State, and Zip Code, and all Borrowers who signed the Payment Supplement Agreement initially, sign and date this form in the appropriate section below.

Loan #: _____

Property Address: _____

I/We, _____, affirm and attest that I can resume making my full monthly payments without the Monthly Principal Reduction of the Payment Supplement Agreement and am requesting that the Payment Supplement Agreement be terminated, as of the date below.

Important Notice:

- If you are currently enrolled in AutoPay, we will begin drafting your bank account for the increased amount as of the effective date of the Termination.
- If you want to cancel AutoPay, please contact us as soon as possible.
- If you make your payments through your bank's online bill pay service, please contact your banking institution to adjust your payment amount as soon as possible.

Please sign and return this Signature Page to us via one of the following methods:

Mail: Mr. Cooper, Attn: Research, PO Box 612488, Dallas, TX 75261

Email: research.department@mrcooper.com

Borrower Printed Name

Borrower Signature

Date

Co-Borrower Printed Name

Co-Borrower Signature

Date