

# INSURANCE PAYMENT REQUEST

MORTGAGE SERVICING LOAN NUMBER

BORROWER NAME

CO-BORROWER NAME

By signing below, you request that New American Funding pay your insurance renewal out of an escrow account for the loan number above. Further, you acknowledge and agree to the following:

- An escrow account will be established for the payment of your insurance invoice.
- A monthly escrow payment will be added to your monthly loan payment. As a result, your regular monthly payment will increase. We will notify you of your new regular monthly payment.
- You must provide this signed request form and the copy of your insurance invoice no sooner than 15 business days before the renewal date or no later than 15 days after the renewal date. Failure to provide such information timely may result in a lapse or cancellation of insurance coverage without the possibility for reinstatement. New American Funding is not responsible for insurance premium increases that you may incur as a result of your failure to provide this signed request form and the copy of your insurance invoice timely.

**By signing below, I/we understand and agree to the terms above.**

BORROWER SIGNATURE

DATE

CO-BORROWER SIGNATURE

DATE

**Return this signed request form to New American Funding at:**

**Email:** ServicingInsurance@nafinc.com

**Mail:** New American Funding – ATTN: Servicing Insurance  
8201 North FM 620, Suite 120, Austin, TX 78726

**A copy of the insurance invoice must be provided with this request form in order for your request to be processed.**