



**Section III – Confirmation of Class Membership**

Telephone Number(s) for which you were the regular user or subscriber from August 31, 2017 through [Date of Preliminary Approval] at which you received one or more calls from America’s Lift Chairs:


**Section IV – Required Affirmations**

IF SUBMITTED ELECTRONICALLY:

I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.[xxxx].com or by writing the Settlement Administrator at the email address [xxxx]@[xxxx].com or the postal address [Address], [City], [State] [Zip Code]. Checking this box constitutes my electronic signature on the date of its submission.

IF SUBMITTED BY U.S. MAIL:

I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.[xxxx].com or by writing the Settlement Administrator at the email address [xxxx]@[xxxx].com or the postal address [Address], [City], [State] [Zip Code].

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

**SETTLEMENT ADMINISTRATOR ADDRESS (where to send the completed form if submitting by mail):**

America’s Lift Chairs TCPA Settlement, c/o \_\_\_\_\_, [Address], [City], [State] [Zip Code].