# Case 4:21-cv-00245-RSB-CLR Document 75 Filed 01/30/23 Page 40 of 52 CLAIM FORM

## **Section I - Instructions**

#### This Form must be received by the Settlement Administrator no later than [Month] [Day], [Year].

This Claim Form may be submitted in one of three ways:

- 1. Electronically through www.[xxx].com.
- 2. Via email to [xxx]@[xxx].com. Please fill out the enclosed pages, scan the document in its entirety if necessary, and include the form as an attachment.
- 3. Mail to: America's Lift Chair TCPA Settlement, c/o \_\_\_\_, [Address], [City] [State], [Zip Code].

To be effective as a Claim under the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than [Month] [Day], [Year].** If this Form is not postmarked or submitted by this date, you will remain a member of the Class but will not receive any payment from the Settlement.

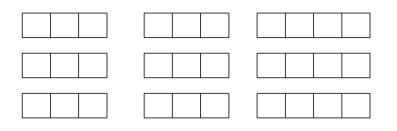
## **Section II - Class Member Information**

Cla	ima	ant	Nan	ne (F	Requ	ire	d):																	
Claimant Identification Number (Required):																								
<u>Current Contact Information</u> Street Address (Required):																								
City (Required):													State (Required):						Zip Code (Required)					
Em	ail	(Op	tio	nal):																				
Pre	fer	red	Pho	one N	Jum	ber	(Re	equi	red	):														
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Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your Claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim.

# 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].