Exhibit 2

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 two ways:

1. Electronically through www.[xxx].com.
2. Mail to: *American Express 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.

If you received a notice regarding the Settlement by mail or email, the notice includes your Claimant Identification Number, which is required to make a Claim. If you do not have a Claimant Identification Number, you can request one by contacting the Settlement Administrator via email to [xxx]@[xxx].com or by calling ###-###-####.

Section II - Class Member Information

Claimant Name (Required):

Claimant Identification Number (Required):

Current Contact Information

Street Address (Required):

City (Required): **State (Required):** **Zip Code (Required)**

Email (Optional):

Preferred Phone Number (Required):

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

Cellular telephone number(s) for which you were the regular user or subscriber between March 13, 2019 and July 11, 2025 at which you received one or more prerecorded or artificial voice telephone calls from and/or on behalf of American Express regarding a credit card account that was not yours:

Section IV – Election of Payment

Please select your preferred method of payment for any approved Claim:

____ Check mailed to the address identified above in Section II

____ Electronic payment [options to be populated by Settlement Administrator]

Section V – 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: _____