

Exhibit E

Lifetime Maximum Care Service Contract Cancellation Class Action Settlement

CLAIM FORM

INSTRUCTIONS

To be eligible for payment you must submit a valid claim by _____, 2024.

How Do I Fill Out and Submit This Claim Form?

If you believe you are eligible and you would like to submit a claim, you must complete this claim form and send it by first-class mail to: Lifetime Maximum Care Service Contract Cancellation Settlement c/o **ADMINISTRATOR**. Your claim must be post-marked, by no later than _____, 2024. Please read and follow these instructions carefully. Please do not omit any information asked for. Failure to provide complete and accurate information may result in a delay in the processing, or denial, of your claim.

Settlement payments will be sent via US Mail. Please ensure you provide a current, valid address with your claim submission. A physical check will be mailed to you at the street address you provide below. The information provided on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

NAME: _____
First Name, Last Name

STREET ADDRESS: _____

CITY STATE ZIP

Please ensure you provide a current, valid address with your claim submission. If the information you include with your submission becomes invalid for any reason, it is your responsibility to provide the Settlement Administrator with current, up to date information.

DOCUMENTATION

For a Claim to be considered valid, you must provide BOTH of the following:

1. A copy of your government issued driver’s license or identification card;

AND

2. Some other document establishing a connection between you and the vehicle that matches your identification, including but not limited to the vehicle title, a prior repair order, purchase contract, the service contract at issue in this litigation, vehicle registration or proof of insurance document.

Your failure to complete and submit the claim form by no later than _____, 2024 may prevent you from receiving any payment from the Settlement.

Claim forms must be complete at the time of submission to be considered timely filed. The Settlement Administrator reserves the right to dispute the material facts concerning your claim and may require additional information and/or documentation to validate your claim.

CERTIFICATION

By signing this Claim submission, I certify, under penalty of perjury, that the information included with this Claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this Claim submission on behalf of a Claimant, I certify that I am authorized to submit this Claim submission on the individual’s behalf. I am, or the individual on whose behalf I am submitting this Claim submission is, a member of the Class, and have not submitted a request to exclude myself, or “opt out of,” the Settlement. I agree to furnish additional information regarding this Claim submission if so requested to do so by the Settlement Administrator.

SIGNATURE

____/____/_____
DATE