1	EXHIBIT 5 OPT-OUT FORM
2	OPT-OUT FORM
-3	
	<b>OPT-OUT FORM</b>
4	Sovereign Lending TCPA Settlement
5 6	Only use this Form if you want to request exclusion from (i.e., opt-out of) the proposed settlement class. For more information on the proposed settlement, please visit www.[xxx].com.
-	Section I - Instructions
7	This form must be received by the Settlement Administrator no later than [Month] [Day],
8	[Year].
9	
10	This Opt-Out Form may be submitted in one of three ways:
11	<ol> <li>Electronically through www.[xxx]com.</li> <li>Via email to [xxx]@[xxx].com. Please fill out the enclosed pages, scan the document</li> </ol>
12	in its entirety, and include the Form as an attachment.
13	3. Mail to: <i>Sovereign Lending TCPA Settlement</i> , c/o, [Address], [City] [State], [Zip Code].
14	To be effective as an opt-out from the proposed settlement, this form must be completed, signed,
15	and sent, as outlined above, <b>no later than [Month] [Day], [Year] 11:59 p.m. (Pacific).</b> If this form is not postmarked or reasing d by this data, you will remain a member of the Settlement Class
	form is not postmarked or received by this date, you will remain a member of the Settlement Class.
16	<b>Opting out of the Settlement Class is not the same as objecting to the Settlement Agreement.</b>
17	If you request exclusion from the Settlement Class prior to [Month] [Day], [Year], you will not
18	be bound by the terms of the Settlement Agreement, will not recover an amount based on the Settlement Agreement, and therefore cannot argue that the Settlement Agreement should not be
19	approved. More information about objecting to the Settlement is available at www.[xxx].com.
20	Section II - Settlement Class Member Information
21	Claimant Name (Required):
22	
23	Claimant Identification Number (Required):
24	
25	* Vour aloiment identification number was on the notice of the Cattlement was received the
26	* Your claimant identification number was on the notice of the Settlement you received by postal mail. If you do not have your claimant identification number, call or email the Settlement
20	Administrator for assistance at 1-8XX-XXX-XXXX or [xxx]@[xxx].com.
	CLASS ACTION SETTLEMENT AGREEMENT – 1 Case No. 3:22-cv-05498-RSM TURKE & STRAUSS LLP 613 Williamson St., Suite 201 Madison, Wisconsin 53703-3515 TEL. 608.237.1775 • FAX 608.509.4423 www.turkestrauss.com

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