

Exhibit E

SCHERTZER, ET AL. V. BANK OF AMERICA, N.A., ET AL. – CLAIM FORM

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN [DATE].

Personal Information. Please legibly print or type the information requested below. *This information will be used to deliver your monetary compensation and communicate with you, if necessary.*

Name (first, middle, and last): _____

Residential Street Address: _____

City, State, and ZIP code: _____

Email Address: _____

Telephone Number: (_____) _____

Confirmation of Class Membership.

I declare that I was a Bank of America accountholder in the United States who was assessed more than one out-of-network balance inquiry fee during the same visit to a FCTI, Inc.-owned ATM located in a 7-Eleven store between May 1, 2018 to November 16, 2021, and I did not make a valid claim or receive payment in *Weiss v. FCTI, Inc.*, No. 37-2024-00016908-CU-BT-NC.

The Settlement Administrator and/or Bank of America may verify your Claim.

Acknowledgement. I have seen the Postcard Notice in this Action and I am a member of the Settlement Class of persons described in the Notice. I agree to release all the claims, known and unknown, stated in Section 11 of the Settlement Agreement. I submit to the jurisdiction of the United States District Court for the Southern District of California, with regard to my Claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the Long Form Notice and Settlement Agreement at www.OONFeeSettlement.com/documents, or by contacting the Settlement Administrator via the website: www.OONFeeSettlement.com, or the postal address: [ADDRESS]. I agree to furnish additional information to support this Claim if required to do so.

IF SUBMITTED ELECTRONICALLY:

I agree that by submitting this Claim Form, I certify under the penalty of perjury of the laws of the United States that the foregoing is true and correct to the best of my knowledge and that checking this box constitutes my electronic signature on the date of its submission.

IF SUBMITTED BY U.S. MAIL:

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Please visit www.OONFeeSettlement.com for more information or call the Settlement Administrator toll-free at (xxx) xxx-xxxx to hear more about the settlement.