

# Exhibit E

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: Cardinal Financial 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

Claimant Name (Required):

Grid for Claimant Name input

Claimant Identification Number (Required):

Grid for Claimant Identification Number input

Current Contact Information

Street Address (Required):

Grid for Street Address input

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

Grid for City, State, and Zip Code input

Email (Optional):

Grid for Email input

Preferred Phone Number (Required):

Grid for Preferred Phone Number input

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 November 23, 2017 through November 9, 2022 at which you received one or more calls from Cardinal Financial:


**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):**

Cardinal Financial TCPA Settlement, c/o \_\_\_\_\_, [Address], [City], [State] [Zip Code].