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CLAIM FORM

Section I - Instructions

This Claim Form must be received by the Settlement Administrator no later than March 26, 2024.

This Claim Form may be submitted in one of three ways:

1. Electronically through www.SBMTCPA.com
2. Mail to: *SBM TCPA Settlement*, c/o Kroll Settlement Administration, P.O Box 5324, New York, NY 10150-5324
3. Email to info@SBMTCPA.com

To be effective as a Claim under the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than March 26, 2024**. If this Claim Form is not U.S. Mail postmarked or electronically received by this date, you will remain a Settlement Class Member but will not receive any payment from the settlement.

Payment will be by check. If you would like to elect to receive an e-payment, please go to www.SBMTCPA.com in order to file an online Claim Form.

Section II - Settlement Class Member Information

Claimant Name (Required):

Claimant Identification Number (Required):

* 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 Administrator for assistance at (833) 382-4333 or info@SBMTCPA.com.

Current Contact Information

Street Address (Required):

City (Required):

State (Required):

Zip Code (Required):

Email (optional):

_____ @ _____

Preferred Phone Number (optional):

(____) - ____ - _____

Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your Claim. Provision of your phone number is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim.



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Section III – Confirmation of Class Membership

Telephone number at which you received calls related to Defendants:

(_____) - _____ - _____

The telephone number identified above belonged to me at any time between June 7, 2018, through May 3, 2023:

Yes _____ No _____

Section IV – Required Affirmations

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 Long-Form Notice and Settlement Agreement at www.SBMTCPA.com or by writing the Settlement Administrator at the email address info@SBMTCPA.com or the postal address *SBM TCPA Settlement c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324.*

Signature: _____ Dated: _____ / _____ / _____

SETTLEMENT ADMINISTRATOR ADDRESS (where to send the completed form if submitting by mail): *SBM TCPA Settlement c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324*