

CLAIM FORM

Please select whether you want to receive your payment as a check or as an electronic payment. Please note that if you select payment by check, the check will expire 180 days after the date of issuance to you and said amount will be provided in accordance to the state in which you are located in accordance with the escheatment laws of the state in which you are located.

All information provided is subject to verification by the Claims Administrator. The Parties have the right to seek discovery to further verify the accuracy of the information contained on this claim form, including requiring you to appear for an expedited deposition or in court, where you may be required to testify under oath.

This form must be postmarked or received by **April 30, 2024**, or else your claim will not be considered timely. You can submit this electronically at www.FAFSSettlement.com or via mail by sending to:

First American-Five Strata TCPA Settlement
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164

Email: FAFSSettlement@atticusadmin.com

Required Information

I wish to receive: **Electronic Payment (selection must be made online)** or **Check**

Name: _____

Current Address: _____

Phone number: _____

I certify, under the penalty of perjury, that the above information is true and accurate.

Signature: _____

Date: _____