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### CLAIM FORM

*Sovereign Lending TCPA Settlement*

## Section I - Instructions

**This form must be received by the Settlement Administrator no later than January 2, 2024.**

To be effective as a Claim under the proposed settlement, this form must be completed, signed, and sent, as outlined below, no later than **January 2, 2024 11:59 p.m. (Pacific)**. If this form is not postmarked or received by this date, you will remain a member of the Settlement Class but will not receive any payment from the Settlement.

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

1. Electronically through [www.SovereignTCPAClassAction.com](http://www.SovereignTCPAClassAction.com).
2. Mail to: *Sovereign Lending TCPA Settlement*, c/o Kroll Settlement Administration LLC, PO Box 5324, New York, NY 10150-5324.

## Section II – Claimant Identification

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 1-833-383-7325 or [info@SovereignTCPAClassAction.com](mailto:info@SovereignTCPAClassAction.com).

## Section III – Current Contact Information

Street Address (Required): \_\_\_\_\_

City (Required)	State (Required)	Zip Code (Required)
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Email (Required): \_\_\_\_\_ @ \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*\* Settlement payments will be digitally sent to you via email. Please ensure you provide a current, valid email address. If the email address included with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator. When you receive the email notifying you of your payment, you will be provided with a number of digital payment options such as PayPal or a digital debit card to receive your payment. You will also have the option to request a paper check at that time.*



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**Section IV – Confirmation of Class Membership**

Telephone Number(s) at which you received calls related to Sovereign Lending:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- The telephone number(s) listed above belonged to me at some point between November 29, 2017 through October 2, 2023: Yes \_\_\_\_\_ No \_\_\_\_\_

**Section V – Attestation, Claim Form Request, Signature, and Submit**

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 am aware that I can obtain a copy of the full notice and Settlement Agreement at [www.SovereignTCPAClassAction.com](http://www.SovereignTCPAClassAction.com) or by writing the Settlement Administrator at the email address [info@SovereignTCPAClassAction.com](mailto:info@SovereignTCPAClassAction.com) or the postal address Sovereign Lending TCPA Settlement c/o Kroll Settlement Administration LLC, PO Box 5324, New York, NY 10150-5324.

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_