

## 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 120 days after the date of issuance to you and said amount will be provided 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.

This form must be postmarked or received by **June 19, 2024** or else your claim will not be considered timely. You can submit this electronically at [www.prerecordedsettlement.com](http://www.prerecordedsettlement.com) or via mail by sending to **CallCore TCPA Settlement, c/o Atticus Administration, PO Box 64053, Saint Paul, MN 55164.**

### **Required Information**

I wish to receive: **Electronic Payment**  (*available online only*) or **Check**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date contacted: \_\_\_\_\_

If your name and/or address information has changed, is different from above, or your name and address is different from above, **AND YOU WERE THE USER OR SUBSCRIBER OF THE LISTED PHONE NUMBER ON THE DATE CONTACTED LISTED ABOVE** please provide your correct name and address below:

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

**I certify that the above information is true to the best of my knowledge.**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_