

**CLAIM FORM**

To submit a claim for a Cash Payment, please complete the **below form**, sign, and mail this portion of the postcard to the Settlement Administrator **by no later than March 21, 2023. Please complete the entire claim form in order for your claim to be valid.**

For more information, call toll-free 1-844-995-2067 or visit [www.KSBSettlement.com](http://www.KSBSettlement.com) and read the detailed Notice.

**Contact Information** *(Please fill in completely.)*

Settlement Member ID: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cash Payment**

To receive the pro rata cash payment offered as part of the settlement, please check the box below:

I would like to claim a pro rata cash payment not to exceed \$250.00.

**SIGN AND DATE YOUR CLAIM FORM**

I declare under penalty of perjury that the information supplied in this claim form is true and correct to the best of my recollection. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_ Print Name: \_\_\_\_\_

The deadline to submit this form is **March 21, 2023.**

Questions? Call toll-free 1-844-995-2067 or visit [www.KSBSettlement.com](http://www.KSBSettlement.com)