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CLAIM FORM

Section I - Instructions

This Claim Form must be postmarked or received by the Settlement Administrator no later than September 4, 2023.

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

1. Electronically at www.LiftChairsTCPASettlement.com.
2. Via email to claims@LiftChairsTCPASettlement.com. Please fill out the enclosed pages, scan the document in its entirety if necessary, and include the form as an attachment.
3. Mail this completed form to:

Chapman v. America's Lift Chairs
 c/o Kroll Settlement Administration
 P.O. Box 5324
 New York, NY 10150-5324

To be effective as a claim under the proposed Settlement, this form must be completed, signed, and sent, as outlined above, **no later than September 4, 2023**. If this Claim Form is not postmarked or submitted by this date, you will remain a member of the Class but will not receive any payment from the Settlement.

Section II - Class Member Information

Class Member ID: 67158 _____

Claimant First Name (Required)

Claimant Last Name (Required)

Street Address 1 (Required)

Street Address 2

City (Required)

State (Required)

Zip (Required)

Email (Optional)

Preferred Phone Number (Required): (_____) _____ - _____

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



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Page 1 of 2



671580000000

Section III – Confirmation of Class Membership

Telephone Number(s) for which you were the regular user or subscriber during August 31, 2017, through June 6, 2023, at which you received one or more calls promoting America’s Lift Chairs:

Telephone Number 1: (____) _____ - _____

Telephone Number 2: (____) _____ - _____

Telephone Number 3: (____) _____ - _____

Telephone Number 4: (____) _____ - _____

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 full notice and Settlement Agreement at www.LiftChairsTCPASettlement.com or by writing the Settlement Administrator at *Chapman v. America’s Lift Chairs*, c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324.

Signature: _____ Date: ____ / ____ / ____

SETTLEMENT ADMINISTRATOR ADDRESS (where to send the completed form if submitting by mail):

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New York, NY 10150-5324



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Page 2 of 2