

## 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 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.

This Claim Form must be postmarked or received by **March 18, 2024**, or else your claim will not be considered timely. You can submit this electronically at [www.OptOutPizzaSettlement.com](http://www.OptOutPizzaSettlement.com), email: [PizzaSettlement@atticusadmin.com](mailto:PizzaSettlement@atticusadmin.com) or via mail by sending to **&Pizza 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: \_\_\_\_\_

\*The Social Security Number is for tax reporting purposes as required by the IRS. For claims with more than one (1) post opt-out text message if your social security number is not provided below your payment may be subject to 24% backup withholding.

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

If your name and/or address information has changed, please provide your name and address below:

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

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

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

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

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