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Fonseca v. Bank of America, N.A.

CLAIM FORM

Case No. 2023-018034-CA-01

Return this Claim Form to: Administrator, Fonseca v. Bank of America, c/o Kroll Settlement Administration, PO Box 5324, New York, NY- 10150-5324. Questions, visit **www.electroniccommunicationsettlement.com** or call **1-833-383-9050**.

DEADLINE: THIS CLAIM FORM MUST BE POSTMARKED BY JANUARY 26, 2024 BE FULLY COMPLETED, SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A CLAIM SETTLEMENT PAYMENT.

Please note that if you are a Class Member, the Class Member verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be reviewed and verified by the Administrator.

| YOUR CONTACT INFORMATION | | | |
|---|---|--|---|
| | | | |
| Name:(First) | (Middle) | (Last) | |
| (I not) | (Madie) | (Eust) | |
| Current Address: | | | |
| (City) | (Stat | e) | (ZIP Code) |
| | | | |
| Current Email address: | | | @ |
| | | | |
| Current Phone Number: () | | | |
| (A phone number and current email address where you electronic Claim Settlement Payment, you must submust still be reviewed and approved by the Administration | nit your Claim online at www. e | | |
| Claim ID: 7 6 1 7 6 | /-/ | | |
| Class Member Verification | | | |
| I confirm that I received an email, text/SMS, I concerning amounts owed to Bank of America or thi date of the Final Approval Order. | | | |
| By submitting this Claim Form, I declare under penal who were sent a Communication not known to be und time zone, (3) by Bank of America or on Bank of Amoccurred on or between April 22, 2020 through the properties of the email address mentioned above, and that the information of the submitted in the control of the submitted in the submitted | deliverable (2) between 9:00 P. derica's behalf (4) regarding a Cresent.) I further declare under | M. and 8:00 Consumer Ac penalty of p | A.M. in the resident's local Florida ccount, (5) where such Communication |
| I declare under penalty of perjury that the forego | ing is true and correct. | | |
| Signature: | Da | .te: | |
| Print Name: | | | |

If you have questions, you may call the Administrator at 1-833-383-9050.





