

Philip Charvat v. National Holdings, et al.
 Settlement Administrator
 c/o A.B. Data, Ltd.
 P.O. Box 173077
 Milwaukee, WI 53217

**Must be Postmarked
 No Later Than
 August 23, 2019**

CLAIM FORM

Complete the steps below to submit a claim under the Settlement described in the Notice. **You must complete and return this Claim Form, which must be postmarked no later than August 23, 2019, to be eligible to receive a payment under this Settlement.** Your response will be checked against records produced in this case.

1. Identify yourself:

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First Name

M.I.

Last Name

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Address

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City

State

Zip Code

Telephone Number at Which Call(s) Were Received (if known):

- If you received a post card with notice informing you of your right to file a claim, the phone number(s) at which the calls at issue were received is listed on that notice.

2. Verify that you are a member of the Settlement Class described in the Notice:

By filling in this circle, I am confirming that:

- The above information is accurate.

3. Sign this Claim Form and submit it to the Settlement Administrator:

After you complete this Claim Form, sign it below and submit it by United States Mail to the Settlement Administrator at the following address:

Philip Charvat v. National Holdings, et al.
 Settlement Administrator
 c/o A.B. Data, Ltd.
 P.O. Box 173077
 Milwaukee, WI 53217

CLAIM FORMS MUST BE POSTMARKED AUGUST 23, 2019, TO BE ELIGIBLE FOR PAYMENT UNDER THIS SETTLEMENT

I certify that the statements herein are true to the best of my knowledge, and that I am not submitting multiple Claim Forms in this settlement, unless I received a post card listing more than one telephone number at which I received calls.

Signature: _____

Dated: ___ / ___ / ___

Print Name: _____