



M3M

Elaine Mason v. M3 Financial Services, Inc.,
Case No. 1:15-cv-04194

**Must Be Postmarked
No Later Than
March 21, 2018**

Claim Form

CLAIMANT INFORMATION

| | | |
|---------------------------|---------------------|-----------------------------------|
| | | |
| First Name | M.I. | Last Name |
| | | |
| Primary Address | | |
| | | |
| Primary Address Continued | | |
| | | |
| | | |
| City | State | Zip Code |
| | | |
| Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation |

Instructions. Fill out each section of this form and sign where indicated.

Cellular telephone number(s) on which you received calls from M3 Financial Services, Inc.

| | |
|---|---|
| 1. <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> | 4. <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> | 5. <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> | 6. <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> |

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION ABOVE, AND YOU MUST SIGN THIS CLAIM FORM.

YOUR CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.M3FINANCIALTCPASETTLEMENT.COM OR SENT BY MAIL TO THE ADDRESS BELOW AND POSTMARKED BY MARCH 21, 2018

**In re: M3 Financial Claims Administrator
P.O. Box 404041
Louisville, KY 40233-4041**

Declaration

I declare that all the information I have provided for this claim is true and accurate and that the information may be researched and verified by M3 Financial Services and the Claims Administrator.

Signature: _____

Dated: _____

Print Name: _____



| | | | | | | |
|----------------------------------|----|----------------------|----|----------------------|--|---|
| FOR CLAIMS PROCESSING ONLY | OR | <input type="text"/> | CB | <input type="text"/> | <input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV | <input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B |
|----------------------------------|----|----------------------|----|----------------------|--|---|