



Class Member ID: 3116500000000

**MUST BE
SUBMITTED
NO LATER THAN
February 5, 2021**

PROOF OF CLAIM FORM

RE: *Monroe v. AssetCare LLC, et al.*
4:19-cv-0503

For Office Use Only

**IMPORTANT: THIS CLAIM FORM MUST BE POSTMARKED ON OR BEFORE
February 5, 2021 AND MAILED TO THE FOLLOWING ADDRESS:**

Monroe v. AssetCare LLC, et al.
PO Box 60246
Philadelphia, PA 19102-0246

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

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If you received notice of the Settlement by mail, please provide the Class Member ID from the notice:

3 1 1 6 5 _____

I, the undersigned _____ hereby make a claim for my share of the Settlement Fund in the above-captioned case.

Note: You will waive your right to a payment if you fail to provide all of the requested information.

This information is necessary to verify your claim.

SIGNATURE: _____

LAST 4 DIGITS OF SOCIAL SECURITY NO. _____

ACCOUNT NUMBER (if known): _____

DATED: ____ / ____ / ____