

Rule 23(b)(3) Settlement Claim Form - Disputes

To receive a payment, you must sign below and postmark this claim form by **January 30, 2023**.

Please confirm the following statement by checking the box:

- I submitted a dispute to Experian about my address being reported as non-residential and I was harmed by Experian's reporting of a Fraud Shield Indicator.

I declare the above information is correct.

Signature: _____

Name: _____

Phone Number: _____

Email: _____

SSN (last 4): _____

Notice ID (Provided on Settlement Notice Received by Email and/or Mail): _____

Provide your mailing address below:

Street Address: _____

City: _____ State: _____ Zip Code: _____

This Claim Form should be returned by mail to:

Fraud Shield Settlement
c/o JND Legal Administration
P.O. Box 91215
Seattle, WA 98111