

Ramirez v. Trans Union
c/o Settlement Administrator
P.O. Box 16
West Point, PA 19486

CLAIM FORM
Ramirez v. Trans Union LLC
Civil Action No. 3:12-cv-00632-JSC

WEB CLAIM

COMPLETE THIS CLAIM FORM TO OBTAIN A PAYMENT, AS DESCRIBED IN THE SETTLEMENT NOTICE

INSTRUCTIONS:

NOTE: THIS CLAIM FORM WILL NOT BE VALID WITHOUT YOUR SIGNATURE. YOU MUST ALSO CERTIFY THAT THE ADDRESS LISTED ABOVE IS CORRECT OR PROVIDE YOUR CURRENT ADDRESS BELOW. YOU MUST SPECIFY THE COMPANY THAT RECEIVED THE OFAC RECORD AND THE DATE TRANS UNION SENT THE REPORT.

IF YOU SUBMIT THE FORM WITHOUT THE REQUIRED INFORMATION BELOW, YOU WILL NOT RECEIVE A PAYMENT FROM THE SETTLEMENT FUND. THE SETTLEMENT ADMINISTRATOR MAY REQUEST THAT YOU PROVIDE THE REQUIRED DOCUMENTATION BEFORE APPROVING YOUR CLAIM.

THE DEADLINE TO SUBMIT A CLAIM IS: OCTOBER 17, 2022

REQUIRED INFORMATION:

I HEREBY CERTIFY AS FOLLOWS:

1. I AM THE PERSON IDENTIFIED ABOVE.
2. MY CURRENT ADDRESS IS _____
3. MY TELEPHONE NUMBER IS _____; MY E-MAIL ADDRESS IS _____
4. TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, TRANS UNION SENT A CREDIT REPORT ABOUT ME THAT CONTAINED AN OFAC RECORD TO THE FOLLOWING COMPANY

[company name]
5. TRANS UNION SENT THE REPORT ON _____
[month, day and year]
6. I HAVE DOCUMENTATION OF TRANS UNION'S REPORT IN THE FORM OF _____
[describe]
7. SIGN BELOW TO VERIFY THAT THE INFORMATION YOU ARE SUPPLYING IS CORRECT.

Signature

Printed Name

Date

CLAIM FORM FILING INSTRUCTIONS	<u>By Mail:</u> Ramirez v. Trans Union c/o Settlement Administrator P.O. Box 16 West Point, PA 19486	QUESTIONS?	<u>Call Toll-Free:</u> 833-215-9289
	<u>Deadline:</u> October 17, 2022		<u>Email:</u> questions@RamirezTUSettlement.com <u>Visit:</u> www.RamirezTUSettlement.com