

CLAIM FORM

Soutter v. TransUnion, LLC, Case No. 3:10-CV-514 (E.D. Va.)

COMPLETE THIS FORM TO OBTAIN A CASH PAYMENT SUBJECT TO VERIFICATION AS DESCRIBED IN THE CLASS NOTICE.

INSTRUCTIONS:

- 1. PROVIDE YOUR NAME AND ADDRESS INFORMATION.**
- 2. ADD YOUR TELEPHONE NUMBER AND E-MAIL ADDRESS.**
- 3. SIGN BELOW VERIFYING THAT YOU EITHER DISPUTED YOUR JUDGMENT WITH TRANSUNION OR BELIEVE THAT YOU WERE DAMAGED AS A RESULT OF AN INACCURATE TRANSUNION REPORT.**
- 4. CHECK THE BOX TO INDICATE THAT YOU WOULD LIKE YOUR FREE 6 MONTH CREDIT MONITORING SERVICE (A \$89.70 VALUE).**
- 5. MAIL THIS COMPLETED AND SIGNED FORM TO:**

Claim Forms – *Soutter v. TransUnion* Settlement Administrator
P.O. Box 1607
Blue Bell, PA 19422

The deadline to submit a claim is May 28, 2014.

You may also submit this claim online at <http://SoutterClassAction.clalegal.com>.

Section I: Personal Information

First Name, MI, Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Section II: Additional Information

Claim Number: _____

(Your unique claim number is listed on the inside of the Postcard Notice that was mailed to you.)

Telephone Number (**required**): (_____) _____ - _____

Email Address (if you have one): _____

I would like to receive my free 6 month credit monitoring service from TransUnion so that I can receive alerts and view my credit report anytime I want. YES NO

Section III: Signature

I declare under penalty of perjury under the laws of the United States that the information provided in this Claim Form is true and correct to the best of my information and belief.

Signature: _____ Date: _____

Printed Name: _____