

Humphrey v. Stored Value Cards
c/o Settlement Administrator
P.O. Box 23369
Jacksonville, FL 32241-3369

CLAIM FORM

PLEASE FILL OUT THIS CLAIM FORM IF YOU WOULD LIKE TO PARTICIPATE IN THE CLASS ACTION SETTLEMENT IN HUMPHREY V. STORED VALUE CARDS, NO. 1:18-CV-1050 (N.D. OHIO), AND RECEIVE A PAYMENT FOR FEES YOU PAID IN CONNECTION WITH YOUR NUMI PRE-PAID DEBIT CARD.

<i>Type or Print in the Boxes Below. Do NOT Use Red Ink, Pencil, or Staples.</i>		
First Name	MI	Last Name
Mailing Address		
City	State	Zip
Tel (Day):	Tel (Eve):	
Email Address:		
From which correctional facility were you released?		
What was your date of release?		

SIGNATURE AND CERTIFICATION UNDER PENALTY OF PERJURY

I hereby declare under penalty of perjury that to the best of my knowledge and belief the information provided on this Claim Form is true and correct	
<u>Signature:</u>	<u>Date (mm/dd/yyyy):</u>

Your Claim Form must be postmarked or filed online at www.numericardsettlement.com no later than September 29, 2020. If you have any questions, please call **1-800-620-5873** or visit **www.numericardsettlement.com**.

Administrator Use Only - Do not write below this line

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