

BioCollections World-Wide, Inc. Settlement

CLAIM FORM

Case No. 2020-11216-CA-01

Return this Claim Form to: Settlement Administrator at BioCollections Settlement Administrator, c/o Settlement Services, Inc. Post Office Box 10269, Tallahassee, FL 32302-2269. Questions, visit www.BioCollectionsTCPAsettlement.com or call 833-594-1994.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY OCTOBER 19, 2021, BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that this Claim Form may be researched and verified by the Settlement Administrator.

YOUR CONTACT INFORMATION

Name: _____
(First) (Middle) (Last)

Current Address: _____
(City) (State) (ZIP Code)

Telephone Number on the Date you Received a Text Message: (_____)_____-_____
Email address (if any):

Current Phone Number: (_____)_____-_____ or check if same as above
(Please provide a phone number where you can be reached if further information is required.)

Claim ID:

Settlement Class Member Verification

By submitting this claim form, I attest that I am a member of the Settlement Class, defined as “All individuals within the United States (i) who were sent a marketing text message during the relevant class period (ii) on his or her cellular telephone (iii) by or on behalf of Defendant.” I further attest that I am the current subscriber of the cellular telephone mentioned above, and that the information provided herein is true and correct.

Additional information regarding the Settlement can be found at visit www.BioCollectionsTCPAsettlement.com

Signature: _____ Date: _____

Print Name: _____

If you have questions, you may call the Settlement Administrator at 833-594-1994.