

# BROKERPRICE SETTLEMENT CLAIM FORM

To make a claim, fill out each section of this Form, sign where indicated, and drop in the mail. Claim Forms must be submitted by **October 31, 2017**. You may also complete your Claim Form online at [www.brokerpricesettlement.com](http://www.brokerpricesettlement.com).

## **Claimant Identification.**

<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code
<input type="text"/>		
Foreign Country (only if not USA)		
<input type="text"/>	<input type="text"/>	
Area Code	Contact Phone Number	

**Certification.** By submitting this Claim Form, I certify that the foregoing information supplied by the undersigned is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_