

Strache v. SCI Direct, Inc.
Settlement Administrator
PO Box 404039
Louisville, KY 40233-4039



SCZ

Strache v. SCI Direct, Inc.
d/b/a Neptune Society

**Must Be Postmarked
No Later Than
February 13, 2018**

Settlement Claim Form

CLAIMANT INFORMATION

First Name	M.I.	Last Name
Primary Address		
Primary Address Continued		
City	State	Zip Code
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

Class Membership (Check all that apply).

- Since October 16, 2013, I received a prerecorded or artificial voice call from SCI Direct, Inc. d/b/a Neptune Society (or from someone acting on its behalf).
- Since May 27, 2012, I received two or more telephone calls for purposes in a 12-month period that were placed by SCI Direct, Inc. (or placed on its behalf).

Telephone Number (where you received calls)

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Sign the Claim Form. I declare under penalty of perjury that I am a Settlement Class Member and the foregoing information is true and correct to the best of my recollection, knowledge, and belief. By submitting this Claim Form, I understand I am releasing the legal claims described in the Stipulation of Class Action Settlement.

Signature: _____

Dated: _____

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Email Address

Mail your completed Claim Form to:

Strache v. SCI Direct, Inc. Settlement Administrator, PO Box 404039, Louisville, KY 40233-4039. You may also submit your Claim Form online at www.SCIDirectSettlement.com.



FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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