CLAIM FORM

Duke v. American Express Company
Case No. 4:23-cv-00125-RM-LCK
United States District Court for the District of Arizona

SECTION I - INSTRUCTIONS

Claim Forms must be received by the Settlement Administrator no later than January 21, 2027.

This Claim Form may be submitted in one of two ways:

1. Electronically through www.AmexTelephoneSettlement.com.
2. Mail to: *American Express TCPA Settlement,* c/o Kroll Settlement Administration LLC, P.O. Box 225391, New York NY, 10150-5391.

To be effective as a Claim under the proposed Settlement, this Claim Form must be completed, signed, and sent, as outlined above, **no later than January 21, 2027**. If your Claim Form is not postmarked or submitted by this date, you will remain a member of the Settlement Class but will not receive any payment from the Settlement.

The Class Notice you received regarding the Settlement by mail or email includes your Claimant Identification Number, which is required to make a Claim. If you did not receive a Class Notice or do not have a Claimant Identification Number, you can request one by contacting the Settlement Administrator at www.AmexTelephoneSettlement.com using the "Contact Us" button or by calling (833) 453-2688.

SECTION II – SETTLEMENT CLASS MEMBER INFORMATION

Please fill out all information below. If your contact information changes, after you submit your Claim Form it is your responsibility to inform the Settlement Administrator.

Claimant Name (Required):

_____ _____

First Name: **Last Name:**

Claimant Identification Number (Required):

8 3 4 8 7 ___ ___ ___ ___ ___ ___ ___ ___

Current Contact Information

_____

Street Address (Required):

_____ ____ ____ _____

City (Required): **State (Required):** **Zip Code (Required)**

_____ @ _____

Email (Optional):

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Preferred Phone Number (Required):

Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your Claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim.

SECTION III – CONFIRMATION OF SETTLEMENT CLASS MEMBERSHIP

Please provide the cellular telephone number(s) for which you were the regular user or subscriber between March 13, 2019 and July 11, 2025 at which you received one or more prerecorded or artificial voice telephone calls from and/or on behalf of American Express regarding a credit card account that was not yours:

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

SECTION IV – ELECTION OF PAYMENT

Please select your preferred method of payment for any approved Claim:

____ Check mailed to the address identified above in Section II

If you would like to receive your payment through electronic transfer, please visit the Settlement Website and timely submit your Claim Form online. Otherwise, if your Claim is approved, your payment will be issued by paper check.

SECTION V – REQUIRED AFFIRMATIONS & SIGNATURE

IF SUBMITTED ELECTRONICALLY:

☐ I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. I am aware that I can obtain a copy of the full Class Notice and Settlement Agreement at www.AmexTelephoneSettlement.com or by mailing a request to *American Express TCPA Settlement,* c/o Kroll Settlement Administration LLC, P.O. Box 225391, New York NY, 10150-5391. Checking this box constitutes my electronic signature on the date of its submission.

IF SUBMITTED BY U.S. MAIL:

I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. I am aware that I can obtain a copy of the full Class Notice and Settlement Agreement at www.AmexTelephoneSettlement.com or the postal address *American Express TCPA Settlement,* c/o Kroll Settlement Administration LLC, P.O. Box 225391, New York NY, 10150-5391.

Signature: _____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___
(MM/DD/YYYY)

Print Name: _____