

CLAIM FORM

TO CLAIM YOUR SHARE OF THE SETTLEMENT YOU MUST SUBMIT YOUR CLAIM FORM ONLINE AT www.flpaydayloansettlement.com NO LATER THAN May 2, 2018, OR YOU CAN SIGN AND RETURN THIS CLAIM FORM.

To complete this Claim Form, sign the form and mail it to the Settlement Administrator so that it is postmarked on or before May 2, 2018. **IF YOU CHANGE YOUR ADDRESS YOU MUST NOTIFY THE SETTLEMENT ADMINISTRATOR OF YOUR NEW ADDRESS IN ORDER TO RECEIVE YOUR MONEY. That notification can be done in writing to the same address, below, online at www.flpaydayloansettlement.com, OR BY CALLING 1-833-247-0902 (toll-free).**

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|-------------------------------------|
| (PLEASE PRINT ANY CORRECTIONS HERE) |
| Phone No. _____ |

YOUR CLAIM NUMBER: _____

The NCA and AA Defendants' records show you were charged the following total of fees for transactions dated before March 12, 1999: \$_____

To the best of my knowledge, the total amount of fees I was charged is **CORRECT** unless I check the box below.

- The amount of fees charged is **INCORRECT**. I was charged \$_____ in fees by the NCA and/or AA Defendants. My proof is attached. The amount of your fees will be the basis for computing your payment from the Settlement Fund. If you do not submit any proof to support your claim that the fees shown in the Defendants' records are incorrect, the total fees shown in Defendants' records will be used.

I submit this class claim form and claim all benefits I am entitled to under the class action settlement agreement described in the notice of class action settlement which accompanied this class claim form. All information I have stated in this class claim form is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE

PRINT YOUR NAME CLEARLY

XXX-XX-_____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

REMEMBER, YOU MUST COMPLETE THIS CLAIM FORM, SIGN IT AND RETURN IT TO THE SETTLEMENT ADMINISTRATOR POSTMARKED ON OR BEFORE May 2, 2018 IN ORDER TO RECEIVE YOUR PORTION OF THE SETTLEMENT FUND.

If you would like a receipt of the Settlement Administrator receiving your form, mail this form by Certified Mail/Return Receipt Requested. No confirmation or receipt will be sent by the Settlement Administrator.

RETURN THIS FORM TO: BrownGreer, PLC, Settlement Administrator
National Cash Advance/Advance America Payday Loan Settlement
Post Office Box 25386
Richmond, VA 23260

KEEP A COPY OF THIS CLAIM FORM FOR YOUR RECORDS