

Kardonick v. JPMorgan Chase & Co., 10-cv-23235 (S.D. Fla.)

CLAIM FORM

FILED by AS D.C.
JUL 28 2011
STEVEN M. LARIMORE
CLERK U. S. DIST. CT.
S. D. of FLA. - MIAMI

To receive benefits from this Settlement, your claim form must be received on or before August 8, 2011. Mail your completed and signed claim form to:

Kardonick Settlement Administrator
P. O. Box 280
Philadelphia, PA 19105-0280

You must complete all four sections and sign below in order to receive any benefits from this Settlement.

1. CLAIMANT INFORMATION:

ROBERT G. CHAMPAGNE

FNAME1 MI1 LNAME1

FNAME2 MI2 LNAME2

8 MARIANNE COURT

ADDRESS 1

ADDRESS 2

WOONSOCKET

CITY

RI

STATE

02895

ZIP

ZIP4 (optional)

DATE OF BIRTH

2. EITHER state the number that appears on the mailing label of the postcard you received here, OR state the last four digits of your Social Security Number here 8835, OR state the last four digits of ANY of your Chase credit card accounts that were enrolled in a Payment Protection Product at some time between September 1, 2004 and November 11, 2010 here

3. Please check the box next to the statement that is correct about you:

- I have been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.
I have not been discharged in bankruptcy for the Chase account(s) that were enrolled in a Payment Protection Product.

4. Please check all boxes that apply. If you do not check at least one box your claim will not be paid.

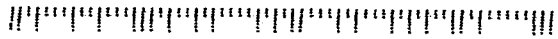
- I made a claim for Chase Payment Protection benefits and my claim was denied.
I was billed for or enrolled in a Chase Payment Protection Product without my knowledge or consent and/or I was self-employed, retired, seasonally employed, or employed less than 30 hours per week (or less than 15 hours per week for students), or I voluntarily forfeited my job (resigned) at some point during my enrollment in a Chase Payment Protection Product.
None of the above categories apply to me, but I am not completely satisfied with the Chase Payment Protection Product(s) in which I was enrolled at some point between September 1, 2004 and November 11, 2010.

I declare that I have accurately filled out this form to the best of my knowledge.

Signature: [Handwritten Signature]

Name (please print): ROBERT G. CHAMPAGNE

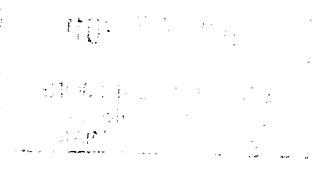
Date: 7/28/2011



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Kardonick Settlement Administrator  
P.O. Box 280  
Philadelphia, PA 19105-0280

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ROBERT G CHAMPAGNE  
8 MARIE ANNE CT  
WOONSOCKET RI 02895-3922



THIS PACKAGE CONTAINS ONE (1) PAPER CLAIM FORM  
FOR THOSE WHO CANNOT FILE ON-LINE AT  
[www.KardonickSettlement.com](http://www.KardonickSettlement.com).

IF YOU NEED ADDITIONAL PAPER CLAIM FORMS,  
YOU MAY USE PHOTOCOPIES OF THIS CLAIM FORM.