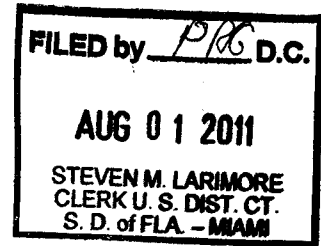


Kardonick v. JPMorgan Chase & Co., 10-cv-23235 (S.D. Fla.)**CLAIM FORM**

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:

William KOTHS
FNAME1 MI1 LNAME1

FNAME2 MI2 LNAME2

110 HANKINS Hollow LN
ADDRESS 1

ADDRESS 2

TENN. Ridge TEN. 37178 STATE _____ ZIP _____ ZIP4 (optional) _____
CITY

DATE OF BIRTH 4/14/38

2. **EITHER** state the number that appears on the mailing label of the postcard you received here 5500 **OR** state the last four digits of your Social Security Number here _____, **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: William KOTHS

Name (please print): Wm. KOTHS

Date: 7-27-11

William E. Koths
110 Hankins Hollow Ln.
Tennessee Rdg TN 37178

MASHVILLE TN 372

29 JUL 2003 PM 7 1



Clock of the Court
Southern District of Florida
450 North Miami Ave
USMS INSPECTED
BY Florida 33128

3912881805

