

# Claim Form

If you used a Visa- or MasterCard-branded credit card or debit/ATM card, or a Diners Club card to make a foreign transaction from February 1, 1996 – November 8, 2006, you may have the right to a refund of all or part of the related foreign transaction charges. The deadline to file a claim: **January 9, 2008**

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**To ask for a refund, go to: [www.ccfsettlement.com/claim](http://www.ccfsettlement.com/claim)**

Or fill out this form and mail it to: Settlement Administrator, P.O. Box 290, Philadelphia, PA 19105

- ① Your name as it appears on your credit or debit/ATM card(s):  

<i>First</i>	<i>Middle</i>	<i>Last</i>	
- ② Any other name you have used on a credit or debit/ATM card:  

<i>First</i>	<i>Middle</i>	<i>Last</i>	
- ③ Your current billing address: \_\_\_\_\_  

*Street*
*City*
*State*
*Zip Code*
- ④ Your Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Your email address: \_\_\_\_\_
- ⑤ List the amount of all foreign transactions made with your Visa- or MasterCard-branded credit or debit/ATM card, or Diners Club card below. Do not include charges made with a government agency card, unless the agency has authorized you to do so.

Account number (the name of bank that issued your card)	List the amount (in \$) of your foreign transactions per year							
Example	2006	2005	2004	2003	2002	2001	2000	1999/2000
Acct. # 1234 4567 2214 1111 Bank: USA Bank <input checked="" type="checkbox"/> Personal card <input type="checkbox"/> Corporate card	1215.00		203.00	199.50			3513.11	
Acct. # Bank: <input type="checkbox"/> Personal card <input type="checkbox"/> Corporate card								
Acct. # Bank: <input type="checkbox"/> Personal card <input type="checkbox"/> Corporate card								

\* Personal claims are processed more quickly when the account number is provided. If you do not have your account number, you may provide only the last 4 digits of your Social Security number instead, but your refund may be reduced. If no account #, please list last 4 digits of SSN here: \_\_\_\_\_  
 For corporate cards: You **must** list the account number and verify with your employer that no other claim (or opt-out letter) will be filed for this account.

**TOTAL**  
all foreign transactions above →

- ⑥ You do not have to attach bank or credit card statements to your claim. But if you need bank or credit card statements to complete this claim, and you no longer have them, Citibank, Chase, Diners Club, Bank One/First USA, Bank of America, HSBC/Household, MBNA and Washington Mutual/Provident will give you copies of at least 6 of your old statements for free, if available electronically. If your card is from another bank, contact your bank. **All claims are subject to audit.** Please keep proof of your eligible transactions until your claim has been processed. By submitting a claim, you authorize your bank and the settlement administrator to provide and share information to verify your status or claim. All information you provide will be used only for that purpose.
- ⑦ Mail your completed form to: Settlement Administrator, P.O. Box 290, Philadelphia, PA 19105  
**Do not mail it to your bank or credit card company! Do not contact the Court or the Defendants.**

I swear under penalty of perjury that the information I have provided on this claim is true and correct, that this is the only claim form that I have submitted, and that I am the primary card holder on each of the accounts listed above.

Date: \_\_\_\_\_ Sign your name:



Questions? 1-800-945-9890  
[www.ccfsettlement.com](http://www.ccfsettlement.com)

