

PART C. CLAIMANT SIGNATURE

(You must print your full name, sign, and date on the lines below)

By signing below, I declare under penalty of perjury that all of the information provided in this Statement of Settlement Class Membership Form is true and complete to the best of my knowledge; (2) I do not object to any resulting disclosures or to the resolution of any potential Liens on my behalf; and (3) I understand that false or misleading information may result in the rejection of my Claim.

Signature

Printed Full Name (First, Middle, and Last)

____/____/____
Date (Month/Day/Year)

You may file this Statement of Settlement Class Membership Form by mailing to the Settlement Administrator at USC Student Health Center Settlement, c/o JND Legal Administration, P.O. Box 91233, Seattle, WA 98111-9333 or you may file this form online through the Settlement Website at www.USCTyndallSettlement.com.

Your completed form must be submitted online or postmarked by mail **no later than November 8, 2019**.

QUESTIONS? CALL TOLL FREE 1-888-663-1718 (USA AND CANADA), +1-800-953-0227 (MEXICO), +800-666-64001 (INTERNATIONAL), 1-080-0140-2826 (CHINA MOBILE SOUTH), 1-080-0714-2807 (CHINA MOBILE NORTH), EMAIL INFO@USCTYNDALLSETTLEMENT.COM, OR VISIT WWW.USCTYNDALLSETTLEMENT.COM.