

Claim Form must be submitted or postmarked on or before APRIL 14, 2023.

UIA Fraud Class Action
c/o Analytics Consulting LLC
P.O. Box 2002
Chanhassen, MN 55317-2002

Bauserman UIA Fraud Settlement Hardship Impact Claim Form

ELIGIBLE CLASS MEMBERS WHO HAVE FILED A TIMELY REGISTRATION FORM CAN MAKE A HARDSHIP IMPACT CLAIM. THE CLAIMS ADMINISTRATOR WILL VERIFY THAT YOU ARE AN ELIGIBLE CLASS MEMBER. THE CLAIMS ADMINISTRATOR WILL ASSIST YOU IN ESTABLISHING YOUR ELIGIBILITY.

TO RECEIVE A HARDSHIP IMPACT AWARD, YOU MUST ESTABLISH THAT THE WRONGFUL COLLECTION BY THE UIA WAS A CONTRIBUTING FACTOR TO THE CLAIMED HARDSHIP CATEGORY.

CHECK THE BOXES BELOW INDICATING THE HARDSHIP CATEGORY(IES) FOR WHICH YOU ARE SUBMITTING A CLAIM. YOU MUST COMPLETE A SUPPLEMENTAL HARDSHIP IMPACT QUESTIONNAIRE FOR EACH CATEGORY YOU ARE MAKING A CLAIM.

YOU MAY CHECK MORE THAN ONE BOX. YOUR AWARD, IF ANY, WILL BE BASED ON THE HIGHEST NUMBER OF POINTS RECEIVED FROM ANY ONE CLAIMED HARDSHIP IMPACT CATEGORY.

THIS HARDSHIP IMPACT CLAIM FORM AND THE SUPPORTING QUESTIONNAIRES MUST BE SUBMITTED TO THE CLAIMS ADMINISTRATOR NO LATER THAN **FRIDAY, APRIL 14, 2023**.

DO NOT SUBMIT SUPPORTING DOCUMENTATION (OTHER THAN THE RELEVANT QUESTIONNAIRE) WITH YOUR HARDSHIP IMPACT CLAIM FORM. THE CLAIMS ADMINISTRATOR WILL INFORM WHEN YOU MAY SUBMIT YOUR SUPPORTING DOCUMENTATION.

THE HARDSHIP IMPACT CLAIM FORM AND THE SUPPLEMENTAL HARDSHIP QUESTIONNAIRES CAN BE ACCESSED AND DOWNLOADED ONLINE AT WWW.UIACLASSACTION.COM. A REQUEST TO OBTAIN THE FORMS IN HARD COPY CAN BE MADE TO THE CLAIMS ADMINISTRATOR ONLINE AT WWW.UIACLASSACTION.COM, VIA EMAIL AT INFO@UIACLASSACTION.COM, OR BY TELEPHONE AT 1-833-438-5028 MONDAY THROUGH FRIDAY, 8:30 A.M. TO 5:00 P.M. CENTRAL STANDARD TIME.

CLAIMANT INFORMATION:

Claimant Name (*Last / First / Middle Initial*) _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Current Address: _____
Street / P.O. Box Apt/Suite

City State Zip

Email Address: _____

Bankruptcy

Credit Rating Decline

[CONTINUED ON BACK]

<input type="checkbox"/> Divorce
<input type="checkbox"/> Eviction
<input type="checkbox"/> Foreclosure
<input type="checkbox"/> Impairment of Family Relationship
<input type="checkbox"/> Job Loss or Failure to Hire
<input type="checkbox"/> Loan Rejection
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Repossession of a Vehicle or Other Property
<input type="checkbox"/> Other Unspecified Hardship
VERIFICATION: I declare under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that all information contained and submitted with this Claim Form is true, correct, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this Claim Form may result in fines, imprisonment, and/or any other remedy available by law.
Claimant Signature:
Claimant Printed Name:
Date: