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CLAIM FORM MUST BE POSTMARKED ON OR BEFORE JUNE 7, 2023

CLAIM FORM

Jackson v. Discover Financial Services, Inc., U.S.D.C., Northern District of Illinois, Case No. 1:21-cv-04529

FOR OFFICE USE ONLY

Jackson v. Discover Financial Services c/o Kroll Settlement Administration LLC P.O. Box 5324 New York, NY 10150-5324 Toll Free Number: 1-833-709-0661 Website: www.JacksonTCPAsettlement.com

To receive a payment from this Settlement, you must enter all requested information below, sign, and mail this Claim Form, postmarked on or before June 7, 2023.

You may submit a Claim electronically at www.JacksonTCPAsettlement.com by using the Claim ID on the postcard.

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F	FIRST NAME	MI	LAST NAME			
Ā	ADDRESS 1					
Ā	ADDRESS 2					
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Ō	CITY		STA	TE	ZIP CODE	Zip4 (optional)
2. <u>/</u> By si from	AFFIRMATION: igning below, I affirm that (i) I receiver on behalf of Discover Bank betw	een August 25,	artificial or prereco 2017, and Februar	rded vo y 7, 202	ice calls on my 23, where the su	cellular telephone ibject of the call wa
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