

Amazon Swearingen Settlement
P.O. Box 2004
Chanhassen, MN 55317-2004

CLAIM FORM

BY COMPLETING AND SIGNING THIS FORM, I AM MAKING A CLAIM FOR ALL OF MY CLAIMABLE FUNDS.

NAME: _____

ADDRESS: _____

YEAR OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER/TAX ID NUMBER: _____

SIGNATURE: _____

THIS FORM MUST BE SUBMITTED BY US MAIL, FAX, EMAIL, OR SECURE ONLINE SUBMISSION AT WWW.AMAZONSWEARINGENSETTLEMENT.COM BY JANUARY 13, 2023

SETTLEMENT ADMINISTRATOR CONTACT INFORMATION

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Email: info@AmazonSwearingenSettlement.com