ELECTION FORM

INSTRUCTIONS: FILL OUT AND RETURN ELECTION FORM

BY SEPTEMBER 13, 2024

* RETAIN A COPY OF THIS ELECTION FORM, ALONG WITH ANY INFORMATION THAT WOULD DEMONSTRATE THE TIME AND MANNER IN WHICH IT WAS SUBMITTED *

<	«FirstName» «LastName» MailID: «MailID» «BusinessName» «Address» «Address» «Address»	Name/Address Changes:
	«City», «State» «Zip» «Country»	
nique ID: IN:	«Unique ID» «PIN»	
9	<pre>%«MERGED_ Tuition/Fees_Net» **</pre>	
our estimat	ted settlement payment is < <est. amount="">></est.>	
ettlement F	Fund in the form of a check sent to your last knows listed above. Montalvo v. Cal Lutheran Settler c/o Settlement Ser P.O. Box 2 Portland, OR Email: claims@ssi	rvices, Inc. 1715 97208 <u>claims.com</u>
	Phone: (833) 3: Fax: (850) 38.	
	Website: www.clurefu	
heck one b	oox below:	
[]	I would like to receive my Settlement Benefit by	y paper check via First Class Mail at the following address:
[]	I would like to receive my Settlement Benefit v. PayPal Account:	ia PayPal.
[]	I would like to receive my Settlement Benefit v. Venmo Account Username:	
Signat	ure:	Date:
Print 1	Name:	
ou must ke		laims Administrator and Class Counsel, along with a valid
none numb	er and email address for updates.	

Phone number: _____ Email address: ____