

Sykes Class Action Settlement
P.O. Box 3145
Portland, OR 97208-3145

**Must Be Received BY
April 7, 2016**

CLAIM FORM
Sykes v. Mel S. Harris and Associates LLC
No. 09 Civ. 8486 (SDNY)

<input type="checkbox"/>	If the preprinted information to the left is not correct or if there is no preprinted information, please check the box and complete the information below.
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First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:		
<input type="text"/>		
City:	State:	ZIP Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

You Will Receive NO MONEY Unless You Complete, Sign, And Mail This Claim Form.

THE ENVELOPE MUST BE RECEIVED BY APRIL 7, 2016, AND MUST BE MAILED TO THE ADMINISTRATOR:

Sykes Class Action Settlement
P.O. Box 3145
Portland, OR 97208-3145

Please read the Notice before filling out this claim form. You should NOT pay anyone to help you complete this form.

Contact the Administrator if you have questions. (See below.)

The information given here is PRIVATE and CONFIDENTIAL and will only be used to verify your claim.

CLASS MEMBER INFORMATION:

Social Security Number or I-TIN:	Phone of Class Member (optional):
<input type="text"/>	<input type="text"/>

Email Address of Class Member (optional):

Note: If you do not provide a valid social security number or I-TIN, up to 28% of your payment may be withheld and paid to the federal taxing authorities. You can ask for a refund when you file your tax return.

Verification:

- I declare under penalty of perjury under the laws of the United States that the information provided on this form is true and correct.

Signature:	<input type="text"/>	Date:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
			MM		DD		YY

Questions? Call the Administrator at 1-877-868-0034 or go to www.sykesclassaction.com
Una versión en español está disponible.