

83247

PCF0002406



Class Member ID: 832472ZR0ZXHK



PCF0002406

**POSTCARD CLAIM**

To submit a Claim for Cash Payment B – Flat Cash Payment and/or Medical Monitoring, please complete the below form, sign, and mail the portion of the postcard to the Settlement Administrator by **no later than November 4, 2025**. Note: Claims for Cash Payment A – Documented Losses require supporting documentation and therefore must be submitted online at [www.webtpasettlement.com](http://www.webtpasettlement.com) or mailed to the Settlement Administrator with a separate Claim Form downloadable on the Settlement Website. To receive a Cash Payment from this Settlement via an electronic payment, you must submit a Claim Form electronically at [www.webtpasettlement.com](http://www.webtpasettlement.com) by **November 4, 2025**.

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Annette Mark - deceased

58 Brookby Rd

Scarsdale, NY 10583-4545

3/12/2024

If different address from the preprinted data on the left, please print your correct information.

First Name Annette Mark Last Name Mark deceased  
Jonathan Mark, Executor

Address 58 Brookby Road  
 City Scarsdale State NY Zip Code 10583

(646) 361-0987  
 Telephone Number

jmark58 @ aol.com  
 Email Address

**Cash Payment B - Flat Cash**

☒ I would like to receive an estimated \$100 Cash Payment instead of seeking Cash Payment A - Documented Losses.

**Medical Monitoring**

☐ I would like to receive two years of Medical Monitoring

**California Statutory Payment**

☐ I would like to receive a California Statutory Payment estimated to be \$50. I affirm that I resided in California between April 18, 2023 and April 23, 2023.

**SIGN AND DATE YOUR CLAIM FORM**

I declare under penalty of perjury that the information supplied in this Claim Form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information.

Signature: Jonathan Mark Print Name: Jonathan Mark Date (mm/dd/yyyy): 10/18/1947

J. MARK

58 BROOKLYN

SCARSDALE NY

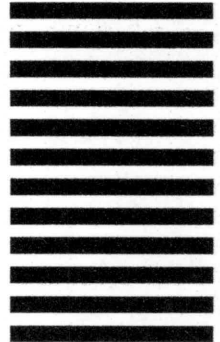
10583

WESTCHESTER NY 105

SEP 2025 PM 4 L



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 36777 PHILADELPHIA PA

POSTAGE WILL BE PAID BY ADDRESSEE

KROLL SETTLEMENT ADMINISTRATION LLC  
PO BOX 5324  
NEW YORK NY 10126-2877

