



Class Member ID: 832472ZR0ZXHK

83247

PCF0002406



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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 this 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 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 by November 4, 2025.

Class Member ID: 832472ZR0ZXHK

Annette Mark -deceased
58 Brookby Rd
Scarsdale, NY 10583-4545 3/12/2024

(646) 361-0987

Telephone Number

If different address from the preprinted data on the left, please print your correct information.	
<i>Annette Mark, mark, deceased</i>	
First Name	Last Name
<i>Jonathan Mark, Executor</i>	
Address	
<i>58 Brookby Lane</i>	
City	State
<i>Scarsdale</i>	<i>NY</i>
Zip Code	
<i>10583</i>	
Email Address	
<i>jmark58 @ AOL.COM</i>	

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 Brookside
WESTCHESTER NY 105

SCARSDALE SEP 2025 PM 4 L

10583



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

