

DIRECTV PRERECORD TCPA SETTLEMENT CHECK REISSUANCE REQUEST FORM

If you want to ask the Claims Administrator to reissue your settlement check for any reason, you must complete and return this form to the address in Section VI below so that the Settlement Administrator receives it by December 15, 2023.

I. ORIGINAL SETTLEMENT CLASS MEMBER INFORMATION

Complete this section using the information that appears on your settlement check or the claim form you submitted. You may update the check payee name and/or address in Section IV below if you need to do so.

Settlement Class Member Name	First Name	Middle Name	
	Last Name	Suffix	
Claimant ID	Ex. "1A2B3456" – your Claimant ID is the alpha-numeric identification number you received after you submitted your claim.		
Mailing Address	Street/P.O. Box	Unit/Apt. Number	
	City/Town	State	Zip Code
Contact Telephone		Email Address	

II. REASON FOR REISSUANCE REQUEST

Explain why you need us to reissue your check by checking the appropriate box or boxes below.

<input type="checkbox"/>	My name changed from what I listed on my Claim Form, and I cannot cash or deposit the check I received that was issued in my previous name.
<input type="checkbox"/>	My address changed from what appeared on my notice, and I have not yet received my check.
<input type="checkbox"/>	Though my address has not changed from what appeared on my notice, I have not yet received my check.
<input type="checkbox"/>	I received my check, but I cannot cash or deposit my check because it was damaged in transit.
<input type="checkbox"/>	I received my check, but I cannot cash or deposit my check because I lost it.
<input type="checkbox"/>	I am the legal representative or heir of an incapacitated or deceased Settlement Class Member and cannot effect successful negotiation of the check as originally issued. I certify that I have legal authority to act on the Settlement Class Member's behalf as it relates to this settlement and this payment, and I am enclosing proof of the person's incapacitation or death.

III. REQUESTOR'S INFORMATION

Provide the name and current contact information for the person submitting this reissuance request whose signature appears in Section V below.

Name	First Name	Middle Name	
	Last Name	Suffix	
Mailing Address	Street/P.O. Box	Unit/Apt. Number	
	City/Town	State	Zip Code
Contact Telephone		Email Address	

IV. UPDATED CHECK INFORMATION

Provide below (1) the exact name to which you would like a reissued check to be made payable and (2) the address to which you would like that reissued check to be mailed.

Updated Payee Name	First Name	Middle Name	
	Last Name	Suffix	
Updated Check Mailing Address	Street/P.O. Box	Unit/Apt. Number	
	City/Town	State	Zip Code

V. CERTIFICATION AND SIGNATURE

By submitting this check reissuance request and signing below, you certify that no one has already cashed or deposited the original settlement check issued to the Settlement Class Member identified in Section I (the "Original Check") and that no one will attempt to do so in the future. You further certify that you have legal authority to submit this request and that the payee information provided in Section IV is the appropriate payee information under applicable law. You acknowledge that we may officially and permanently void the Original Check. If anyone attempts to negotiate the Original Check, you agree to pay personally for any returned check fees incurred as a result of those actions. You further acknowledge that we may not be able to reissue your check, notwithstanding the fact that you cannot deposit or cash the Original Check.

Signature	
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VI. MAIL THIS FORM TO:

DIRECTV Prerecord TCPA Settlement
 Claims Administrator
 P.O. Box 25356
 Richmond, VA 23260