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OPT-OUT FORM

Sovereign Lending TCPA Settlement

Only use this Form if you want to request exclusion from (i.e., opt-out of) the proposed settlement class. For more information on the proposed settlement, please visit www.SovereignTCPAClassAction.com.

Section I - Instructions

This form must be received by the Settlement Administrator no later than January 2, 2024.

This Opt-Out Form may be submitted in one of three ways:

1. Electronically through www.SovereignTCPAClassAction.com.
2. Via email to info@SovereignTCPAClassAction.com. Please fill out the enclosed pages, scan the document in its entirety, and include the Form as an attachment.
3. Mail to: *Sovereign Lending TCPA Settlement*, c/o Kroll Settlement Administration LLC, PO Box 5324, New York, NY 10150-5324.

To be effective as an opt-out from the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than January 2, 2024 11:59 p.m. (Pacific)**. If this form is not postmarked or received by this date, you will remain a member of the Settlement Class.

Opting out of the Settlement Class is not the same as objecting to the Settlement Agreement.

If you request exclusion from the Settlement Class prior to **January 2, 2024**, you will not be bound by the terms of the Settlement Agreement, will not recover an amount based on the Settlement Agreement, and therefore cannot argue that the Settlement Agreement should not be approved. More information about objecting to the Settlement is available at www.SovereignTCPAClassAction.com.

Section II - Settlement Class Member Information

Claimant Name (Required): _____

Claimant Identification Number (Required): _____

* Your claimant identification number was on the notice of the Settlement you received by postal mail. If you do not have your claimant identification number, call or email the Settlement Administrator for assistance at 1-833-383-7325 or info@SovereignTCPAClassAction.com.

Current Contact Information

Street Address (Required): _____

City (Required)

State (Required)

Zip Code (Required)

Email: _____@_____

Preferred Phone Number: _____ - _____ - _____

Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your request for exclusion. Provision of your phone number is optional.



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Section III – Attestation, Opt-Out Request, Signature, and Submit

Through the submission of this form, I attest under the penalty of perjury that I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the notice. I further attest that I request exclusion from the Settlement Class in Mannacio v. Sovereign Lending Group Incorporated, W.D. Wa. Case No. 3:22-cv-5498. By signing below, I agree to the submission of this Opt-Out Form.

Signature: _____ **Date of Signature:** ____/____/____