

HECKATHORN TCPA SETTLEMENT CLAIM FORM

THIS CLAIM FORM MUST BE SUBMITTED (1) ONLINE at www.HeckathornTCPASettlement.com, (2) VIA E-MAIL AT HeckathornTCPASettlement@atticusadmin.com OR (3) MAILED TO Heckathorn TCPA Settlement, c/o Atticus Administration, PO Box 64053, Saint Paul, MN 55164. THE CLAIM FORM MUST BE SUBMITTED OR POSTMARKED BY SEPTEMBER 14, 2026 AND MUST BE FULLY COMPLETED, SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

1. My Name (First, M.I., Last): _____

2. My Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Phone Number that received more than one call or text message from insurance agents Nickolas Ward, Nate Esparza, Kyle Ryan Gray, Dustin Huffman, Jason Hall, Brian Shirey and/or LeNard Rhone marketing Farmers Insurance®: (____) _____ - _____

4. My Current Email Address: _____

5. My Current Contact Phone #: (____) _____ - _____ (You may be contacted if further information is required.)

6. By signing this form, I am certifying that the following statements are true:

- a. I was the subscriber or primary user of the phone number listed on line 3.**
- b. I did not visit any website to request an insurance quote from Farmers or its agents prior to receipt of the calls or text messages.**
- c. I was not a Farmers customer at the time I received the calls or text messages or within 18 months before receiving the calls or text messages.**

All information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature: _____

Date (mm/dd/yy): __ / __ / __

Your claim may be submitted to the Settlement Administrator for review by mailing to the address below, submitting electronically at www.HeckathornTCPASettlement.com or via e-mail to HeckathornTCPASettlement@AtticusAdmin.com. If your Claim Form is incomplete, untimely, unsigned, or contains false information, it may be rejected. If accepted and the Settlement is approved by the Court, you will be mailed a check at the mailing address you provide above or provided payment electronically if you selected electronic payment by submitting this claim form online. This process takes time; please be patient.

Heckathorn TCPA Settlement
c/o Atticus Administration
P.O. Box 64053
Saint Paul, MN 55164

Questions? visit www.HeckathornTCPASettlement.com or call 1-800-261-9045 or email HeckathornTCPASettlement@AtticusAdmin.com.