

**GREAT EXPECTATIONS
PROOF OF CLAIM AND OPT-OUT FORM**

1. CLASS MEMBER INFORMATION

Name: _____

Mailing Address: _____

Telephone number: (____) _____ - _____

2. CLASS MEMBER ELECTION (PLEASE SELECT ONLY ONE OF THE TWO OPTIONS LISTED BELOW)

_____ I wish to remain a member of the class and seek relief under the proposed Settlement. (If you select this option you must complete the remainder of the form and sign the certification below.) By remaining in the class, **you will receive a payment** pursuant to the Settlement.

_____ I wish to Opt-Out of the Class. By opting out of the Class, **you will not receive any money** from the proposed Settlement. (If you select this option, you do not need to complete any additional information, just sign the certification below.)

3. CLAIMS VERIFICATION INFORMATION

Please answer each of the four questions below. If you answer yes, you may be asked to provide proof, but no proof is required now. If you answer no to all four questions, you can still receive a payment if you sign and return this form.

	YES	NO	DATE(S) <i>(Please provide the date of death, disability, excess payment or relocation)</i>
1. Are you completing this form on behalf of a deceased class member who died during the term of their Dating Service Contract? * <i>If yes, please provide the name of the deceased class member.</i>			
2. During the term of the Dating Service Contract, did you experience a disability that prevented you from obtaining all of the services included in your contract? *			
3. Did you make payments on your Dating Service Contract for more than two years? *			
4. During the term of the Dating Service Contract, did you relocate to a primary residence that was more than 50 miles away from the location of the dating service office with whom you contracted and did not transfer to a comparable facility? *			

**In the event that there is a dispute regarding the accuracy of your claim, you may be asked to provide additional information or documentation to support your claim. No additional documentation is required at this time.*

4. CONTRACT CANCELLATION AND REFUND OPTION (AVAILABLE TO CLASS MEMBERS WITH ACTIVE CONTRACTS)

If you have an active Dating Service Contract and wish to cancel it and obtain a refund for the unused portion of your contract, please initial below. If you want your contract to remain active, please do not initial below.

_____ I have an active Dating Service Contract and wish to cancel it and receive a refund for the unused portion of my contract.

Dates of Dating Service Contract: Start Date ___/___/_____
End Date ___/___/_____

5. CERTIFICATION OF ACCURACY

I declare under penalty of perjury that all information provided on this Form is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____