

**IMPORTANT LEGAL MATERIALS**



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**Wells Fargo Unauthorized Account Settlement - Requested Claim Form**

You are receiving this Claim Form because you contacted the Settlement Administrator for this Class Action Settlement. If you fill out the enclosed Claim Form and mail it back by **February 3, 2018**, you may be eligible to receive a payment.

**Print your name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_

**Email address:** \_\_\_\_\_

Check this box if you are submitting this claim on behalf of a business or trust (rather than on behalf of yourself as an individual), print the name of the business or trust, and provide the taxpayer ID number for the business or trust:

**Name of business/trust claimant:** \_\_\_\_\_

**Taxpayer ID number for business/trust claimant:** \_\_\_\_\_

If you are submitting this claim on behalf of yourself as an individual, please provide the last six digits of your Social Security Number along with the month and year of your date of birth:

**Social Security Number:** X X X - \_\_\_\_ - \_\_\_\_

**Date of Birth (Month/Year):** \_\_\_\_ / \_\_\_\_

If you do not have a Social Security Number, please provide an alternate Personal Identification Number and check the box that matches your kind of number:

**Personal Identification No.:** \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Driver's License Number    | <input type="checkbox"/> State-Issued ID Number         | <input type="checkbox"/> Passport Number                |
| <input type="checkbox"/> Foreign-Issued ID Number   | <input type="checkbox"/> Armed Forces ID Number         | <input type="checkbox"/> Permanent Resident Card Number |
| <input type="checkbox"/> Resident Alien Card Number | <input type="checkbox"/> Matrícula Consular Card Number |   |





**Please check all that apply to you (or the business or trust you are submitting this claim on behalf of):**

- I believe Wells Fargo opened an unauthorized checking or savings account, credit card, or line of credit in my name, or submitted an unauthorized application for one of those products in my name from May 1, 2002 through April 20, 2017. If yes, please answer the following questions:
  - How many unauthorized accounts were opened in your name from May 1, 2002 through December 31, 2008? \_\_\_\_\_
  - How many unauthorized accounts were opened in your name from January 1, 2009 through April 20, 2017? \_\_\_\_\_

I believe that I was charged fees in connection with unauthorized accounts that were opened in my name from May 1, 2002 through December 31, 2008. If yes, how many accounts? \_\_\_\_\_

I believe that I was charged fees in connection with unauthorized accounts that were opened in my name from January 1, 2009 through April 20, 2017. If yes, how many accounts? \_\_\_\_\_

I believe my credit was damaged in connection with one or more unauthorized credit card, line of credit, or small business deposit accounts (“Unauthorized Credit Impact Account”).

If so, provide:

- Approximate year(s) in which Unauthorized Credit Impact Account was opened: \_\_\_\_\_; and/or
- Year(s) in which you opened a valid credit account (e.g., car loan, credit card, home loan, etc.) that you believe was affected by Unauthorized Credit Impact Account: \_\_\_\_\_

I believe my credit was damaged in connection with a valid credit card as a result of overdraft protection provided to one or more unauthorized consumer or small business deposit accounts.

If so, provide:

- Approximate year(s) in which unauthorized consumer or small business deposit accounts with overdraft protection was opened: \_\_\_\_\_; and
- Last four digits of account number of your valid credit card: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Please use the space below if you would like to provide more details on any credit-related injury:

\_\_\_\_\_  
\_\_\_\_\_

I authorize my credit report to be accessed in order to verify information provided on this Claim Form and determine whether unauthorized accounts damaged my credit. I agree not to sue the credit agency for providing my credit report for this purpose and waive any claim that providing it for this purpose is improper. (Please note: This authorization will not affect your credit.)

I enrolled in Wells Fargo identity theft protection. If yes, please indicate the time period in which you enrolled:

From May 1, 2002 through December 31, 2008

From January 1, 2009 through April 20, 2017

**Please sign below to confirm that information provided in this form is true under penalty of perjury.**

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**