

**CLAIM FORM**

Sebrow v. HSBC Bank U.S.A., N.A.  
No. CV-08- 3162

Please legibly print the following information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

LAST FOUR DIGITS  
OF CARD USED \_\_\_\_\_

APPROXIMATE DATE  
OF TRANSACTION \_\_\_\_\_

**TO RECEIVE A PORTION OF THE SETTLEMENT  
FUND YOU MUST FILL IN THIS FORM  
COMPLETELY OR MAIL A CLAIM FORM**

By submitting this claim form, I am affirming under penalty of perjury that I used the ATM between March 24, 2008 and August 24, 2008.

**IMPORTANT: THIS CLAIM FORM MUST BE  
SUBMITTED ON OR BEFORE JUNE 16, 2009.  
WRITTEN CLAIM FORMS MUST BE POSTMARKED  
ON OR BEFORE JUNE 16, 2009, and mailed to:**

Edelman, Combs, Lattuner & Goodwin, LLC (21761)  
120 South LaSalle Street, Suite 1800  
Chicago IL 60603