TRUMP UNIVERSITY SETTLEMENT CLAIM FORM

Fill in the information and sign the declaration by hand, or electronically if submitting online. This Form must be postmarked or submitted by fax to 212-533-7505, email to restitution@newyork.bbb.org, or online at www.TrumpUniversityLitigation.com by **March 6, 2017**. If mailing, send to: Better Business Bureau of Metropolitan New York, ATTN: Trump Restitution Fund, 30 East 33rd Street, New York, NY 10016. Make sure the Form is as complete as possible before submitting.

ABOUT YOU

(Please Do Not Use Pencil or Red Ink)

Last Name

First Name

Address

City

State

ZIP Code

Email Address (if you have one)

Telephone Number (Daytime)

– –

ABOUT YOUR PURCHASE

Provide as much detail as you can about each purchase and any refund received. If you purchased more than one seminar or mentorship, please copy this Claim Form and attach additional pages for each purchase.

PURCHASE 1

Name of Seminar/Mentorship/Workshop

Name of Speaker/Instructor/Mentor

Date of Purchase or Attendance – –

Price Paid $.

City

State

ZIP Code

Date of Refund (if any) – –

Amount of Refund $.

PURCHASE 2

Name of Seminar/Mentorship/Workshop

Name of Speaker/Instructor/Mentor

Date of Purchase or Attendance – –

Price Paid $.

City

State

ZIP Code

Date of Refund (if any) – –

Amount of Refund $.

THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED BY MARCH 6, 2017.
QUESTIONS? CALL 1-866-841-7311 OR VISIT www.TrumpUniversityLitigation.com

I affirm that I purchased one or more in-person seminar(s) or mentorship(s) from Trump University in the United States from 2007 through May 23, 2010, and have not yet received a full refund. I declare under penalty of perjury that the information I provided on this Form is true and correct to the best of my recollection. I understand that the Settlement Administrator may ask me to provide documentation of my purchase(s) in order to be eligible for a payment from the settlement. I understand that I am bound by the terms of any judgment in these actions and may not bring a separate lawsuit for these claims.

Executed this _____ day of _____, 20_____, at _____ , _____.
(city, state)

_____
(Signature)

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