

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, email, or 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.

P U R C H A S E 1	Name of Seminar/Mentorship/Workshop	Name of Speaker/Instructor/Mentor	
	Date(s) of Purchase or Attendance	\$ Price Paid	
	City	State	Zip Code
	Date of Refund (if any)	\$ Amount of Refund	

P U R C H A S E 2	Name of Seminar/Mentorship/Workshop	Name of Speaker/Instructor/Mentor	
	Date(s) of Purchase or Attendance	\$ Price Paid	
	City	State	Zip Code
	Date of Refund (if any)	\$ Amount of Refund	

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)