POSH GROUP INC. – TEXT MESSAGE SETTLEMENT

CLAIM FORM

Case No. 2025-006937-CA-01

Return this Claim Form to: POSH TCPA Settlement Administrator, P.O. Box 2003, Chanhassen, MN 55317-2003.
Questions, visit **www.POSHTCPASettlement.com** or call **1-877-909-5507**.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY SEPTEMBER 9, 2025, BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that this Claim Form may be researched and verified by the Claim Administrator.

YOUR CONTACT INFORMATION

Name: _____
First Middle Last

Current Address: _____
City State ZIP Code

Telephone Number that you received a Text Message from Posh Group Inc.:
(_____) _____ – _____

Email address *(if any)*: _____

Current Phone Number: (_____) _____– _____ or ☐ check if same as above
(Please provide a phone number where you can be reached if further information is required.)

Claim ID: _____

Settlement Class Member Verification

By submitting this claim form, I attest that to the best of my knowledge, that between February 12, 2021 and present, I received a text message from Defendant after I had notified Defendant that I no longer wanted to receive text messages.

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Additional information regarding the Settlement can be found at **www.POSHTCPASettlement.com**

Signature: _____ Date: _____

Print Name: _____

If you have questions, you may call the Claim Administrator at 1-877-909-5507 or visit www.POSHTCPASettlement.com.