

REIMBURSEMENT CLAIM FORM

(Post-Discharge Payments)

Belton v. GE Capital Consumer Lending, Inc., a/k/a GE Money Bank ("GECRB")

Complete this Form only if you are submitting a **Reimbursement Claim**. You can submit a Claim Form for a **Distribution Claim** and **Reimbursement Claim** if both are applicable to you.

REIMBURSEMENT CLAIM INFORMATION

You should complete this **Reimbursement Claim** only if:

- (1) You had a GECRB credit card on which you defaulted and the debt was sold to a third-party Debt Buyer;
 - (2) You obtained a Chapter 7 bankruptcy discharge on or after January 1, 2008 but before April 1, 2015;
- AND**
- (3) You made a payment(s) on such GECRB credit card debt *after* obtaining the bankruptcy discharge, and such payment(s) were not refunded or returned to you or a co-borrower (i.e., joint account holder or authorized user) ("post-discharge payments").

If the above situation applies to you, you may be eligible for a cash payment up to the total amount of your post-discharge payments, subject to *pro rata* reduction as described in the Agreement and the Class Notice.

INSTRUCTIONS

Complete, sign, and return this Claim Form to the Settlement Administrator at the address below. You must also submit documentation confirming the amount of your post-discharge payments (see Section II of this Claim Form). Your Claim Form and supporting documentation must be postmarked, or submitted online at www.BeltonGECapitalSettlement.com, by **January 28, 2022**.

**GE Capital Settlement Program
Settlement Administrator
P.O. Box 26525
Richmond, VA 23261**

If you have any questions or would like further information about the terms of the Settlement, your eligibility for a payment, or how to make a claim for relief, you may read the Notice or visit www.BeltonGECapitalSettlement.com.

I. CLAIMANT INFORMATION

Notice ID: (From postcard notice)	_____			
Claimant Name:	First	Middle Initial	Last Name	Suffix
Social Security Number: (Last Four Digits Only)	_____	Date of Birth:	____ / ____ / _____	
Mailing Address:	Street/P.O. Box			
	City	State/Region	Zip Code	
	Country (If Not United States)			
Email Address:	_____			
Telephone Number:	(_____) _____ - _____			

II. POST-DISCHARGE PAYMENT INFORMATION

In order to be considered for a Reimbursement Claim payment, you MUST also submit documentation confirming the amount of your post-discharge payments listed below, in the form of cancelled checks, account statements, or other similar proof. The documents you submit must be originals or accurate copies.

List the date and amount of Post-Discharge Payments for which you are submitting a Reimbursement Claim below. If you need more space, please attach a separate sheet to this Claim Form detailing your post-discharge payments.

Remember to include the originals or accurate copies of your supporting documentation with your claim submission.

Row	Date of Payment	Amount of Payment
1.	___ ___ / ___ ___ / ___ ___	
2.	___ ___ / ___ ___ / ___ ___	
3.	___ ___ / ___ ___ / ___ ___	

III. CO-BORROWER INFORMATION

Did you have a Co-Borrower on your GECRB credit card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, enter the name of the Co-Borrower on your on your GECRB credit card account below.

Co-Borrower Name: (If Applicable)	<small>First</small>	<small>Middle Initial</small>	<small>Last Name</small>	<small>Suffix</small>
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Check the box to indicate whether the Reimbursement Claim payment for which you may be eligible should be made payable jointly to the Co-Borrower listed above. If both you and a joint accountholder make a Reimbursement Claim, one check made payable jointly to both will be issued.	<input type="checkbox"/>
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IV. CERTIFICATION

Definitions

All capitalized terms used but not defined herein shall have the same meanings as in the Settlement Agreement dated as of **October 5, 2021** (“the Agreement”), which is posted on the Settlement Administrator’s website at www.BeltonGECapitalSettlement.com.

Submission to Jurisdiction of Court and Acknowledgements and Affirmations

I submit this Claim Form under the terms of the Agreement described in the Notice. I further acknowledge that I am bound and subject to the terms of any judgment that may be entered in the Action. By submitting this Claim Form, I state that I have not previously entered into an individual settlement agreement with GECRB and/or the Releasees in which I released any Released Claims against the Releasees; and that I have read and understand the Notice. The documentation I have provided (if any) to support my claim is original or a true and correct copy. I agree to furnish additional information to the Settlement Administrator to support this claim if requested to do so.

I declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Claimant’s Signature:		Date:	___ ___ / ___ ___ / ___ ___	
Printed Name:	<small>First</small>	<small>Middle Initial</small>	<small>Last Name</small>	<small>Suffix</small>