

**Your claim must
be submitted
online or
postmarked by:
March 21, 2026**

Campbell et al. v. Sirius XM Radio Inc..
No. 2:22-cv-2261-CSB-EIL (C. D. Ill.)

CLAIM FORM

SXM-CLAIM

GENERAL INSTRUCTIONS

If you are a member of the Settlement Class, you can submit your Claim Form online at www.SXMTCPASettlement.com or mail your completed Claim Form to the Settlement Administrator at:

SXM TCPA Settlement Administrator
Attn: Claim Form Submissions
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Remember, Claim Forms submitted by mail must be postmarked no later than **March 21, 2026**. Alternatively, Claim Forms must be submitted online on or before **March 21, 2026**.

The Settlement Class includes:

1. All natural persons in the United States: (1) who received more than one telephone solicitation call in a 12-month period between April 27, 2019 and October 31, 2025 on their landline, wireless, cell or mobile telephone numbers made by or on behalf of Sirius XM, (2) where such calls were received more than 31 days after registering their telephone number with the National Do-Not-Call Registry, and (3) the person was not a self-paying Sirius XM subscriber at the time of the first call or before the start of the second call.
2. All natural persons in the United States: (1) who received more than one telephone solicitation call in a 12-month period between April 27, 2019 and October 31, 2025 on their landline, wireless, cell or mobile telephone numbers made by or on behalf of Sirius XM, and (2) where such calls were received after the person asked to register the landline, wireless, cell or mobile telephone number on which they received those telephone calls on Sirius XM's internal Do-Not-Call list.

Excluded from the Settlement Class are any employees, officers, directors of the Defendant, and attorneys appearing in this case, and any judge assigned to hear this action, and their immediate family and staff.

Class Members who submit valid and timely Claim Forms will receive a *pro rata* share of the \$28 million Settlement Fund after payment of costs related to required notices, any administrative costs, Class Counsels' attorneys' fees, any incentive awards, all costs, and any other expenses related to this Settlement have been paid.

Payments to Class Members who submit a valid Claim Form will not be issued until after the Settlement is approved and becomes Final.

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SXM-CLAIM

CLAIM FORM

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if you contact information changes after you submit your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

II. TELEPHONE NUMBER

By providing this number, you certify that you received more than one telephone call in a 12-month period from Sirius XM between April 27, 2019 and October 31, 2025, to the below number and

- a) such calls were received more than 31 days after registering this telephone number with the National Do-Not-Call Registry, and that you were not a self-paying Sirius XM subscriber at the time of the first call or before the start of the second call; **or**
- b) such calls were received after you asked to register this telephone number on Sirius XM's internal Do-Not-Call list.

Telephone Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>				
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III. PAYMENT SELECTION

Select one of the following payment options:

PayPal Venmo Zelle Virtual Prepaid Card Check*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card: _____

**Payment will be mailed to the address provided in Section I above.*

IV. CERTIFICATION & SIGNATURE

I swear and affirm under penalty of perjury that I am a Class Member, and the information provided in this Claim Form is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date