

TELEFLORA TCPA SETTLEMENT — CLAIM FORM

Section I - Instructions

This Form must be received by the Settlement Administrator no later than November 17, 2026.

This Claim Form may be submitted electronically through www.TFSettlement.com.

To be effective as a Claim under the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than November 17, 2026**. If this Form is not postmarked or submitted by this date, you will remain a member of the Class but will not receive any payment from the Settlement. **Payments for valid claims will be paid via mailed check to the address you provide below.**

Section II - Class Member Information

Claimant Name (Required):

[illegible]

Claimant Identification Number (Required):

[illegible]

Current Contact Information

Street Address (Required):

[illegible]

City (Required):

State (Required): **Zip Code (Required)**

[illegible]

Email (Optional):

[illegible]

Preferred Phone Number (Required):

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Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your Claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your Claim and that you received at least two promotional text messages in a 12-month period while registered on the National Do Not Call Registry from Teleflora and you did not provide your telephone number to Teleflora.

Section III – Confirmation of Class Membership

Telephone Number(s) for which you were the regular user or subscriber from May 9, 2021 through the present which you received at least two promotional text messages in a 12-month period from Teleflora while registered on the National Do Not Call Registry.

Section IV – Required Affirmations

☐ **I agree that, by submitting this Claim Form, the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.TFSettlement.com or by writing the Settlement Administrator at the email address info@TFSettlement.com or the postal address Teleflora TCPA Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Checking this box constitutes my electronic signature on the date of its submission.**

Dated: _____

Signature: _____

Settlement Administrator Address (where to send the completed form if submitting by mail):

Teleflora TCPA Settlement Administrator

ATTN: CLAIM FORMS

1650 Arch Street, Suite 2210

Philadelphia, PA 19103