

DECLARATION

I understand that the information that I am providing in support of my petition will be relied upon for purposes of determining my right to receive a petition award. I hereby declare under penalty of perjury under the laws of the United States of America that I believe that the information I am providing in support of my petition is true and correct. I further certify that any documents I have submitted in support of my petition consist of unaltered copies of documents that are in my possession.

Your Signature

Date Signed (MM-DD-YYYY)

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Print Name of Petitioner

First Name

Middle Last Name

IMPORTANT - If you have a name or address change, please fill out the form below.

NAME AND/OR ADDRESS CORRECTIONS

First Name

Middle Last Name

Name 2 (if applicable)

Street Address

City

State

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Email Address

Daytime Telephone Number

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You must return this completed petition form to the Remission Administrator by **January 22, 2021** to:

**Profitable Sunrise Remission
Remission Administrator
c/o Analytics
P.O. Box 2002
Chanhassen, MN 55317-2002**

Accurate claims processing takes a significant amount of time. Thank you for your patience.

You can also file a petition online at www.ProfitableSunriseRemission.com.

If you have any questions about the petition form, please call us toll-free at 1 (833) 919-1260 or send an email to info@ProfitableSunriseRemission.com.