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## CLAIM SUBMISSION INSTRUCTIONS

*Cantlin et al. v. Smythe, Cramer Co.*

**You Must Submit a Claim Form to Receive Money  
from this Class Action Settlement**

**TO BE ELIGIBLE TO RECEIVE A PAYMENT, YOU MUST SUBMIT THIS CLAIM  
FORM ONLINE OR MAIL A HARD COPY CLAIM FORM**

**CLAIM DEADLINE: JUNE 22, 2020**

**CLAIM FORMS FILED ONLINE MUST BE SUBMITTED BY JUNE 22, 2020 AT 11:59  
PM EASTERN. CLAIM FORMS SUBMITTED BY MAIL MUST BE POSTMARKED  
TO THE SETTLEMENT ADMINISTRATOR NO LATER THAN JUNE 22, 2020.**

### **Instructions:**

**TO FILE ONLINE:** File your Claim Form online at [www.CantlinSettlement.com](http://www.CantlinSettlement.com) using your unique Class Member identifier\*

**-OR-**

**TO FILE BY MAIL:** If you want to submit a paper Claim Form by mail, you can print a copy of this Claim Form online at [www.CantlinSettlement.com](http://www.CantlinSettlement.com), or call 1-833-930-2420 and ask that a paper copy be mailed to you. You can then complete the hard copy Claim Form and mail it to:

Cantlin v Smythe, Cramer Co Settlement  
c/o Settlement Administrator  
P.O. Box 58967  
Philadelphia PA 19102-8967

\*Your unique Class Member identifier, which was provided in the postcard notice you received (on the front of the post card, look for the **bold font** in the blue LEGAL NOTICE box; on the back side of the postcard, look in the top left corner), will make it easier to submit your Claim Form online. If you can't locate your unique Class Member identifier or misplaced it, contact the Settlement Administrator by clicking "Contact" on the Settlement Website at [www.CantlinSettlement.com](http://www.CantlinSettlement.com) or call 1-833-930-2420. Or you can complete the claim form without the unique Class Member Identifier if you so choose.

If you received more than one notice by mail because you bought or sold more than one property during the Class Period and thus paid more than one Fee (typically between \$159 - \$265), you may **ONLY** submit one Claim Form for each property to get a Benefit for each Fee paid.

**Your Claim will not be processed if your Claim Form has not been signed and dated.** Make a copy of the completed Claim Form for your records.

If you still have questions, go to the Settlement Website at [www.CantlinSettlement.com](http://www.CantlinSettlement.com) and click FAQ, or call the Settlement Administrator at 1-833-930-2420.



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<p><b>Your claim must be filed online or postmarked by June 22, 2020</b></p>	<p><b>CLAIM FORM</b> <i>You must submit a claim form to receive any payment.</i></p>
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**CLAIMANT INFORMATION**

- a. Name (please print): \_\_\_\_\_  

First
Last
  
- b. Current Mailing Address: \_\_\_\_\_  

Street Address

  

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

City
State
ZipCode
  
- c. Email Address: \_\_\_\_\_@\_\_\_\_\_
  
- d. Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
  
- e. Unique Class Member Identifier: 3 1 1 0 9 \_\_\_\_\_

THIS NUMBER IS IN BLUE IN THE LEGAL NOTICE SECTION OF THE POSTCARD YOU RECEIVED, AND ON THE TOP LEFT OF THE BACK OF THE POSTCARD. **IF YOU LOST THE CARD, YOU MAY GET YOUR NUMBER** from the Settlement Administrator by clicking "Contact" on the Settlement Website at [www.CantlinSettlement.com](http://www.CantlinSettlement.com) or by calling 1-833-930-2420. Or you may submit your claim without this number.

f. For the transaction that is the subject of this Claim, you were the:

Buyer

Seller

g. Address of the property purchased or sold in the transaction that is the subject of this Claim:

\_\_\_\_\_

Street Address

  

\_\_\_\_\_

\_\_\_\_\_

City State ZipCode

**YOU MUST RETURN THE CLAIM FORM TO RECEIVE PAYMENT**



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### CERTIFICATION & ATTESTATION

**I hereby certify under penalty of perjury that:**

1. I have read or have had an opportunity to review the Settlement Agreement.
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief.
3. I am a member of one of the Settlement Classes because:
  - a. I was a seller or buyer of real estate in Ohio who, between September 18, 2005 and December 31, 2009, paid Defendant a flat fee identified in Defendant's real estate forms as an "administrative fee" or "administrative services fee;" or
  - b. I was a buyer of real estate in Ohio who, between March 1, 2009 and August 1, 2019, paid Defendant a flat fee identified in Defendant's real estate forms as being for "brokerage services."
4. If I meet the foregoing description as a seller, I did NOT use a Defendant listing agreement or form purchase agreement dated June 2009 or later, which described the Fee as part of the overall brokerage commission.
5. If I meet one of the foregoing descriptions as a buyer, I did NOT use an exclusive buyer representation agreement with Defendant dated May 2009 or later.
6. I personally paid the foregoing Fee, as opposed to having a third party (like the other party to the transaction or a sales agent) pay the Fee on my behalf.
7. I did not request to Opt-Out from the Settlement Class.
8. I have not previously released my rights against Defendant or entered into a Settlement for any of the Claims set forth in this Claim Form.
9. I am not a current or former (a) employee, principal, officer, director, sales agent/associate, legal representative, successor, or assign of Defendant or its affiliated entities; or (b) judge to whom this Action is assigned or member of the judge's immediate family.
10. I understand that if two or more persons (*e.g.*, spouses, relatives, non-family members) participated jointly as buyers or seller in the same transaction, these persons will constitute a single Class Member for purposes of claim form submission and may only make ONE claim.
11. I have not submitted any other claim for a Fee in the same transaction that is the subject of this Claim Form. I have not authorized any other Person or entity to submit such a claim and I know of no other Person or entity having done so on my behalf.
12. No portion of this Claim to which I may be entitled has been assigned, transferred, or conveyed.
13. I understand that by submitting this Claim Form, the effect is the same as if I have given a complete Release of all settled Claims; and
14. I understand that Claims will be audited for veracity, accuracy, and fraud and that Claims Forms that are not valid and/or are illegible can be rejected. I will timely provide any additional relevant information requested by the Settlement Administrator to validate my claim.

By signing below, I am certifying that the foregoing is accurate and complete and that I am submitting to the jurisdiction of the Court in Cuyahoga County, Ohio.

Signature of Claimant *or* Authorized Agent for Claimant: \_\_\_\_\_

*By signing as Authorized Agent, you certify that you have legal authority to present this claim on behalf of Claimant. Please circle the basis for such authority: EXECUTOR  
GUARDIAN AGENT POWER OF ATTORNEY*

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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