

Alcatel Band 12 Settlement
c/o RG2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
Toll-free Phone: 866-742-4955
Facsimile: 215-827-551
www.AlcatelBand12nationwidesettlement.com

Claim Form and Release

First, Last _____

Company _____

Address 1 _____

Address 2 _____

City, State Zip Code _____

Telephone Number: _____

Email Address: _____

DETACH HERE

Instructions

1. To file a claim, you must
 - a. provide evidence that you reside outside of North Carolina or Kentucky.
 - b. provide evidence that you purchased an Alcatel OneTouch Idol 3 4.7 inch or 5.5 inch smartphone between January 1, 2015 and December 27, 2016.
 - c. provide evidence that your OneTouch Idol 3 Smartphone used the T-Mobile Network, which includes the following mobile virtual network operators (“MVNOs”): Lyca Mobile, MetroPCS, Net10, Republic Wireless, Simple Mobile, Straight Talk, Ting, TracFone, Ultra Mobile, Univision Mobile, US Mobile, Walmart Family Mobile, ZIP SIM (formerly Ready SIM). Documentation sufficient to evidence that your OneTouch Idol 3 Smartphone used the T-Mobile Network (or MVNO) includes a copy of cell phone bill, or a credit card or other account statement evidencing that your Alcatel OneTouch Idol 3 Smartphone used the T-Mobile Network (or MVNO).
 - d. then date and sign the “Release” section below.

I hereby release Defendants, TCL Communication, Inc., TCT Mobile (US) Inc., TCT Mobile, Inc., and TCT Mobile (US) Holdings Inc., from any and all claims I may have relating to removal of LTE Band 12 functionality from the OneTouch Idol 3 Smartphones, including but not limited to violations of California’s Consumer Legal Remedies Act, California’s False Advertising Laws, the Song-Beverly Consumer Warranty Act, California’s Unfair, Unlawful and Deceptive Trade Practices Act, breach of express warranty, breach of implied warranty of merchantability, and unjust enrichment, excluding any claims for personal injury that may be related to the removal of LTE Band 12 functionality on the Idol 3 Smartphones.

Date: (mm/dd/yyyy)

Electronic Signature:
Please indicate your First and Last Name

