SHORT CLAIM FORM

Return this Claim Form to: Software Call Settlement, c/o GCG, P.O. Box 10175, Dublin, OH 43017-3175. Questions, visit www.SoftwareCallSettlement.com or call 1-855-382-6408.

Instructions: A proposed class action settlement has been reached in a lawsuit over allegedly unauthorized calls made to cell phones by Defendant Infinity Contact, Inc. (“Infinity”) on behalf of Defendant Nuance Communications, Inc. (“Nuance”) (Infinity and Nuance together are “Defendants”) from May 8, 2009 to May 12, 2015. The Settlement Class includes “[a]ll individuals who received a call on a United States wireless telephone from Infinity for the purpose of offering one or more Nuance products between May 8, 2009 and May 12, 2015.” Please note that while the calls were technically placed by Infinity, the calls were identified as coming from Nuance, with no mention of Infinity.

If you are a Settlement Class Member, you can use this Short Claim Form to request a payment by check. This Short Claim Form offers a single, one-time check payment of up to $170, regardless of the number of calls you may have received from Infinity on behalf of Nuance, either on your cell phone without your consent or on your cell phone while that number was on the National Do-Not-Call list and without your consent. If you choose to submit your cell phone bills and provide additional information to validate the calls you received from Infinity on behalf of Nuance, you may use the Long Claim Form that offers you up to $65 for each eligible call. If your claim is approved, the amount you will receive may be reduced depending on the number of valid claims submitted. You can only submit a Short or Long Claim Form, but not both. Visit www.SoftwareCallSettlement.com for more information.

YOUR CONTACT INFORMATION

Full Name:

Address:

City: State: ZIP:

To view GCG's Privacy Notice, please visit www.GardenCityGroup.com/privacy
YOUR CONTACT INFORMATION (continued)

Cell Phone Number:

(This must be the cell phone number that received the calls related to this settlement.)

Email Address (optional):

Contact Phone Number:

(Please provide a phone number where you can be reached if further information is required.)

Your Personal Claim Number: (Optional, unless you received an e-mail or postcard notice.)

(If you received an email or postcard notice regarding this settlement, it will list your Personal Claim Number.)

SETTLEMENT CLASS MEMBER VERIFICATION

By submitting this Short Claim Form and checking the boxes below, I declare that I am a member of the Settlement Class and the following statements are true (boxes 1, 4, and either 2 or 3 below must be checked for the form to be valid):

(1) I received at least one call from Infinity on behalf of Nuance regarding an offer for a Nuance product on my United States cellular phone number listed above between May 8, 2009 and May 12, 2015. [this must be checked for the form to be valid]

(2) Prior to receiving any such call from Infinity on behalf of Nuance, I did not provide Nuance with express consent to call my cell phone. [either box 2 or 3 must be checked for the form to be valid]

(3) I received at least two calls within a twelve (12) month period from Infinity on behalf of Nuance regarding an offer for a Nuance product on my cellular phone number listed above while that number was listed on the National Do-Not-Call registry, and I did not provide Nuance with consent to call my cell phone. [either box 2 or 3 must be checked for the form to be valid]

(4) Under penalty of perjury, all information provided in this Claim Form is true and correct to the best of my knowledge and belief. [this must be checked for the form to be valid]

Signature:

Print Name:

Date:

Your claim will be submitted to the Settlement Administrator for review. If your Claim Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.

CLAIM FORMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN JULY 19, 2015 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT: www.SoftwareCallSettlement.com OR MAIL THIS CLAIM FORM TO: Software Call Settlement, c/o GCG, P.O. Box 10175, Dublin, OH 43017-3175. If you have questions, you may call Class Counsel at 1-866-354-3015.