The DEADLINE to submit or mail this Claim Form is: August 3, 2026	*Demetria Walker, v. ALFA Mutual Insurance Company, Case No. 69-CV-2024-900015.00* CIRCUIT COURT OF BARBOUR COUNTY, ALABAMA	FOR OFFICE USE ONLY

Settlement Claim Form

If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before August 3, 2026, or submitted online on or before August 3, 2026.

Please read the full Notice of this settlement (available at **www.ALATotalLoss.com**) carefully before filling out this Claim Form.

To be considered, this Claim Form must be submitted online no later than August 3, 2026 or mailed to the address below postmarked no later than August 3, 2026.

To be eligible to receive any benefits from the settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail:

ONLINE: Submit a Claim Form at **www.ALATotalLoss.com**

MAIL: *Walker Class Action Settlement*
c/o A.B. Data, Ltd.
P.O. Box 173126
Milwaukee WI 53217

PART ONE: CLAIMANT INFORMATION

Provide your name and address below if different than above. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form. If you are submitting a Claim on behalf of a deceased or incapacitated Class Member, you must submit the supporting documentation necessary to demonstrate you are authorized to receive their benefit.

FIRST NAME ____________ LAST NAME ____________

STREET ADDRESS ____________

CITY ____________ STATE ______ ZIP CODE ______

By providing your email address, you authorize the Claims Administrator to use it to send you information relevant to this claim.

____@______________________________

EMAIL ADDRESS*

ALFA CLAIMANT ID: ___________________________ (This can be found on the Postcard Notice you received.) If you are filing a claim without this information, you will be required to provide documentation to support your claim.

DATE OF LOSS: __________________________

PART TWO: ATTESTATION UNDER PENALTY OF PERJURY

AFFIRMATION (required): By signing below, I certify under oath that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above and that the information on this Claim Form is true and correct, that I am entitled to the relief requested in this Claim Form, and that I have not previously received a full and complete Purchasing Fees payment from ALFA Insurance Company on my underlying total loss claim. If this affirmation is not signed your claim will be denied.

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SIGNATURE **DATE**

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PRINT NAME