

# DIET DRUG SETTLEMENT PROGRAM

## CHANGE OF ADDRESS FORM

### I. CLASS MEMBER INFORMATION

<b>Class Member</b>		<b>DDR No.</b>		<b>Email Address</b>	
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### II. CHANGE OF ADDRESS

Complete this Section II so we can update your address.

<b>Previous Address</b>	Street				
	City	State	Zip Code	Phone	
<b>New Address</b>	Street				
	City	State	Zip Code	Phone	

### III. SIGNATURE

<b>Signature</b>		<b>Date</b>	____ / ____ / ____ MM DD YYYY
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### IV. HOW TO SUBMIT MATERIALS TO US

<b>By Portal:</b>	Log into the Settlement Portal and upload your materials using the Upload Documents button.
<b>By Email:</b>	<a href="mailto:claimadministrator@dietdrugsettlementprogram.com">claimadministrator@dietdrugsettlementprogram.com</a>
<b>By Mail:</b>	Diet Drug Settlement Program Claim Administrator P.O. Box 85006 Richmond, VA 23285
<b>By Delivery Carrier:</b>	Diet Drug Settlement Program Claim Administrator 250 Rocketts Way Richmond, VA 23231

### V. IF YOU HAVE QUESTIONS

You may call us at 1-800-386-2070 or email us at [claimadministrator@dietdrugsettlementprogram.com](mailto:claimadministrator@dietdrugsettlementprogram.com).