

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Re: Distribution of Settlement Funds - [Case Name/Number]

Dear [Recipient Name],

Enclosed please find a check in the amount of \$[Amount] representing your share of the settlement funds in the above-referenced matter.

This payment has been calculated based on the terms of the Settlement Agreement approved on [Date]. By cashing or depositing this check, you acknowledge full and final satisfaction of your claim as outlined in the legal proceedings.

Please note the following important information:

- **Void Date:** This check must be cashed or deposited by [Expiration Date]. After this date, the check will be void.
- **Tax Implications:** We recommend consulting with a tax professional regarding this payment, as we cannot provide tax advice.
- **Address Updates:** If you move, please notify the Settlement Administrator to ensure future correspondence reaches you.

If you have any questions regarding this distribution, please contact the Settlement Administrator at [Phone Number] or visit [Website Address].

Sincerely,

[Signature]

[Typed Name]

[Title/Organization]

Enclosure: Check No. [Check Number]