

**FastBucks NM Restitution Administrator**  
P.O. Box 709  
Baton Rouge, LA 70821

**Your Claim Form Must Be  
Submitted Online or  
Postmarked By  
November 24, 2026**



***State of New Mexico v. FastBucks Holding Corporation, et al.,***  
Case No. D-101-CV-2009-01917  
First Judicial District Court, Santa Fe County, New Mexico  
**FASTBUCKS RESTITUTION PROGRAM CLAIM FORM**

**CLAIM FORM INSTRUCTIONS**

You may submit a Claim Form if you received a FastBucks Restitution Program notice, or if you otherwise believe you may be eligible for a restitution payment. A New Mexico court entered a judgment requiring restitution for consumer borrowers who were identified in the FastBucks Holding Corporation loan data and were adversely affected by the business practices of the company. The New Mexico Department of Justice is administering this program to notify people who may be eligible to receive a benefit and to distribute payments.

If you received a notice, please provide your assigned Claim ID Number (Ex: ABC-1234567) when submitting your claim to ensure your information can be validated to receive a restitution payment. If you did not receive a Claim ID Number but believe you may be eligible, the additional information in **Part 2** of the Claim Form will need to be provided in order to verify that you were a borrower who was adversely affected by the FastBucks business practices at issue. The administrator may contact you if additional information is needed to verify your identity, address, or authority to submit a claim.

**There are two ways to submit this Claim Form:**

1. **Online (fastest):** file at [www.FastBucksNMRestitution.com](http://www.FastBucksNMRestitution.com) using your Claim ID Number (if provided). If filing online, you must do so by **November 24, 2026**.

**OR**

2. **By mail:** complete this Claim Form, select a payment method, and sign it. Please type or legibly print all requested information in blue or black ink and mail it to the administrator at the address provided above. If submitted by U.S. mail, the completed and signed Claim Form must be postmarked by **November 24, 2026**.

**TO RECEIVE A PAYMENT FROM THIS PROGRAM, YOU MUST:**

- Provide your current name and contact information in Part 1;
- Complete any applicable items in Parts 2 and 3;
- Select your preferred payment method in Part 4; AND
- Sign this Claim Form in Part 5.

There is no fee to file a claim or to receive a payment. If you have questions or need help completing the Claim Form, contact the administrator at **1-844-982-4466** or by emailing [info@FastBucksNMRestitution.com](mailto:info@FastBucksNMRestitution.com).

**YOU ARE ENCOURAGED TO FILE YOUR CLAIM ONLINE AT  
[WWW.FASTBUCKSNMRESTITUTION.COM](http://WWW.FASTBUCKSNMRESTITUTION.COM). THIS PAPER CLAIM FORM SHOULD ONLY BE  
USED IF A CLAIM IS BEING MAILED IN AND NOT BEING FILED ONLINE.**

## PART 1: CLAIMANT NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Street Address

City

State

ZIP Code

Email Address

Phone Number

Claim ID Number (if known)

## PART 2: ADDITIONAL INFORMATION

If you did not receive a notice with a Claim ID Number, you must complete either **Item A** or both **Items B1** and **B2**. Please also complete **Item C1** and **C2** if they apply to you. This information is used to verify that you were a borrower who was adversely affected by the FastBucks business practices at issue.

**A.** FastBucks loan ID number(s), if known (shown on copies of FastBucks loan documents or payment receipts):

**B1.** Approximate date(s) of FastBucks loan(s), if known:

**B2.** Approximate number of loans obtained through FastBucks, if known:

**C1.** Former name(s) associated with your FastBucks loan(s), if any:

**C2.** Any additional address associated with your loan(s):

## PART 3: DECEASED BORROWER OR AUTHORIZED REPRESENTATIVE

If you are the borrower and are completing this form for yourself, skip to Part 4.

☐ Check this box if you are filing on behalf of a deceased borrower, an estate, or a legal entity, and you understand the administrator may ask for documents confirming your authority to file this claim.

Name of the borrower, estate, or entity you are claiming for:

Your relationship to the borrower:

Your legal authority to file on the borrower's behalf:

#### PART 4: PAYMENT SELECTION

Select **one** of the following payment options, which will be used should you be eligible to receive a restitution payment.

**Preferred Payment Method:**

☐ Check (mailed to your Part 1 address)      ☐ PayPal      ☐ Venmo      ☐ Zelle

If you select PayPal, Venmo, or Zelle, you must provide the mobile phone number or email address associated with that payment method:

(phone/email) \_\_\_\_\_

#### PART 5: ATTESTATION AND SIGNATURE

I declare under penalty of perjury under the laws of the State of New Mexico that the information I have provided in this Claim Form, and any supporting documentation I provide, is true and correct to the best of my knowledge. I understand that my claim is subject to review and verification using available program records, that I may be asked to provide additional information before my claim is considered complete, and that submitting this form does not guarantee payment — eligibility and any payment amount will be determined under the final program rules and the information available in the program records.

I further understand that, if I accept a restitution payment through this program, I may be subject to the legal effect described in the Long Form Notice, including the NMSA 1978, Section 57-12-9(B) warning.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**THE EASIEST WAY TO SUBMIT YOUR CLAIM IS ONLINE AT  
[WWW.FASTBUCKSNMRESTITUTION.COM](http://WWW.FASTBUCKSNMRESTITUTION.COM)**

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