

United States v. The Western Union Company Phase Three
Remission Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132

WU3

Must Be Postmarked
No Later Than
September 23, 2025



To: **Victims of Western Union Fraud**
Re: **United States v. The Western Union Company Phase Three**
Court Docket Number: 1:17-cr-00011 (M.D. Pa.)

Petition for Remission

On January 19, 2017, the Western Union Company (Western Union) entered into a deferred prosecution agreement (DPA) with the United States. Pursuant to the DPA, Western Union acknowledged responsibility for its criminal conduct, which included violations of the Bank Secrecy Act and aiding and abetting wire fraud, and agreed to forfeit \$586 million, which has been made available to compensate victims of the international consumer fraud scheme through the remission process. Western Union simultaneously resolved a parallel civil investigation with the Federal Trade Commission.

The scheme, investigated by the U.S. Postal Inspection Service, involved the targeting of consumers by fraudsters through multiple scams. These scams included the grandparent scam, where the fraudster would pose as the victim's relative in need of immediate money to avoid personal harm, the lottery or sweepstakes scams, where the fraudster would tell the victim that they had won a large cash prize but had to pay fees such as taxes to claim the prize, and the romance scams, where the fraudster would pose as an online love interest and request funds for a visit or for another purpose. In each of these scams, the fraudsters convinced their victims to send money through Western Union, and no victims received the promised cash, prize, or promoted item.

The U.S. Department of Justice is overseeing the remission process and hired Gilardi & Co., LLC (Gilardi) to serve as the Remission Administrator in this matter. If you wired funds from a Western Union location between **January 1, 2004 and March 9, 2020**, and believe you were a victim of the fraud schemes described above, please complete the information below and sign and return this petition to the address above to be considered for compensation of your losses through the remission process. The petition must be postmarked by **September 23, 2025**. You also may file a petition online at www.WesternUnionRemissionPhase3.com.

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City										State		ZIP Code									
Foreign Province										Foreign Postal Code					Foreign Country Name/Abbreviation						
Email Address (optional)																					
Area Code			Telephone Number (Home)																		



FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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Please enter your transaction information in the section below for transfers sent between **January 1, 2004 and March 9, 2020** from a Western Union location. **The 10-digit Money Transfer Control Number (MTCN) is a mandatory field**, so please make sure the 10-digit MTCN(s) is accurately entered below. If your MTCN(s) cannot be verified, you will be notified and required to submit documentation, such as customer receipts, to support your petition. If additional space is required, please photocopy this page and attach to this petition for remission.

Only the amount of the wire transfer will be approved for remission. Collateral expenses, such as wire transfer fees, incidental losses, or transfers sent through other businesses, are not recoverable through the remission process.

Only transfers in your own name are eligible for remission.

Transactions	10-Digit MTCN	Sent Date (MM/DD/YYYY):	Sent Amount (USD):
1.		/ /	\$.
2.		/ /	\$.
3.		/ /	\$.
4.		/ /	\$.
5.		/ /	\$.
6.		/ /	\$.
7.		/ /	\$.
8.		/ /	\$.
9.		/ /	\$.
10.		/ /	\$.
11.		/ /	\$.
12.		/ /	\$.

Failure to return this petition form or provide the required documentation may result in your exclusion from the distribution. In addition, you have an obligation to provide Gilardi with your current contact information. Failure to maintain a valid address with Gilardi could result in your exclusion from the distribution. Please call Gilardi at 1-833-419-4677 or email at info@westernunionremissionphase3.com to update your address.

Declaration

I understand that the information I am providing in support of my petition will be used to determine my eligibility for a remission payment. I hereby declare under penalty of perjury under the laws of the United States of America that all information on this form or included in support of my petition is true and correct. I further certify that I have not altered any documents submitted in support of my petition.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Social Security Number (this is only required for U.S. Citizens) or Individual Taxpayer Identification Number (ITIN):

☐ I am not a U.S. Citizen

Social Security Number

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Return Petition to: *United States v. The Western Union Company Phase Three* Remission Administrator

P.O. Box 301132

Los Angeles, CA 90030-1132

Questions? Please call 1-833-419-4677, email info@westernunionremissionphase3.com, or visit www.WesternUnionRemissionPhase3.com.

