

CLAIM FORM

1. You may be eligible to receive a cash payment if you submit this Claim Form.

Settlement Class Members who submit a Claim may be eligible to receive cash payments in an amount up to a maximum of \$12.00, depending on the total number of Claimants. Each Settlement Class Member is allowed to submit no more than **one** claim, regardless of the number of Google+ accounts the Class Member had.

Settlement Class Members whose Claims are determined to be valid will receive their payments via the Electronic Payment method specified below. Claimants must fully complete all sections of this form.

2. Name and Contact Information of Claimant

First Name

Last Name

Street Address

City

State

Zip Code

Email address associated with Claimant's Google+ account

3. Election of Electronic Payment Format

Please indicate your preferred method of payment and provide the required Electronic Payment information. Please choose only **one** of the below options.

Paypal

Provide Your PayPal Account Email Address

Digital Check

Provide Your Primary Email Address¹

¹ Claimants who elect to receive a digital check and who submit a Valid Claim will be contacted at the email address provided here with instructions for receiving the digital check.

4. Details Concerning Eligibility

You must be able to check **all** of the following boxes in order to be eligible to receive a settlement payment. Check each box below that represents a true statement about your use of Google+.

I was a user of the consumer Google+ service while a resident of the United States at some point during the period from January 1, 2015 to April 2, 2019;

My Email address associated with my Google+ account was _____.

I entered private (meaning non-public) information in at least one of my Google+ profile fields that was not set to be shared publicly²; and

Either I shared that information with another Google+ user through the Google+ service **or** I authorized an app to access my Google+ profile field information.

5. Verification

By signing below and submitting this claim form I hereby affirm under oath that: (1) I am 18 years of age or older; (2) I am the person identified above (or, if the person identified above is a minor, I am the parent or guardian of that person); and (3) the information provided in this Claim Form is, to the best of my knowledge, true and correct.

Date

Signature

Printed Name

THIS CLAIM FORM MUST BE SUBMITTED ON THE SETTLEMENT WEBSITE NO LATER THAN OCTOBER 8, 2020, OR MAILED TO THE CLAIMS ADMINISTRATOR BY PREPAID, FIRST-CLASS MAIL POSTMARKED NO LATER THAN OCTOBER 8, 2020 TO:

**GOOGLE PLUS DATA LITIGATION
1650 ARCH STREET, SUITE 2210
PHILADELPHIA, PA 19103**

² The list of profile fields is available www.GooglePlusDataLitigation.com.