

CLAIM FORM

Williams v. Greenlight Energy, Inc.

Index No.: 708394/2019

(Supreme Court of the State of New York County of Queens)

IMPORTANT LEGAL MATERIALS

CLAIM FORM

GENERAL INSTRUCTIONS

Class Members who seek payment from the Settlement must complete and return this Claim Form.

1. Completed Claim Forms may be mailed to the Settlement Administrator at:

Greenlight Energy Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

2. Completed Claim Forms may alternatively be submitted online via the Settlement Website, **www.GreenlightEnergySettlement.com**.

Claim Forms must be POST-MARKED OR SUBMITTED ONLINE NO LATER THAN AUGUST 12, 2021 at 11:59 pm, eastern standard time.

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (“the Notice”) available at www.greenlightenergysettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By filing a Valid Claim, you may be eligible for a cash benefit of five percent (5%) of all amounts paid to Greenlight Energy, Inc. (“Greenlight”) for variable rate electricity during the Class Period.

More information is available in the Notice.

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(Please Print or Type)

Account Holder Full Name:

Property Address Where You
Had Accounts With Greenlight

(City)

(State)

(Zip)

Claim #:

(Printed above your name and address on the notice you received by U.S. mail)

Current Mailing Address - If your current mailing address is different from Property Address where you had accounts with Greenlight, please provide your current mailing address:

(Current Mailing Address)

(City)

(State)

(Zip)

Certification that this Claim Form is True, Correct and Submitted Subject to the Penalty of Perjury

I hereby certify that:

1. I am/was a named account holder with Greenlight during the Class Period;
2. I was a variable rate electricity customer of Greenlight in New York, New Jersey, Maryland, or Pennsylvania between March 1, 2014 and May 13, 2019;
3. I did not have the account balance discharged due to bankruptcy or receivership;
4. I have not filed for an Opt-Out or to be excluded from this Settlement.
5. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
6. I have not submitted any other Claim for the same account and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
7. If I maintained account(s) jointly with any other person or entity, only one Claim has or will be submitted per account.
8. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible and invalid Claims Forms will be rejected.

Signature:

Date: