

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
*In Re: TikTok, Inc., Consumer Privacy Litigation*, MDL No. 2948, 20-cv-4699 (N.D. Ill.)

**CLAIM FORM INSTRUCTIONS**

This claim form is for Settlement Class Members. The Settlement Class includes the following persons: All persons who reside in the United States who used the TikTok - Make Your Day video-sharing application (and/or its Musical.ly predecessor) distributed in the U.S. (the “App”) prior to October 1, 2021. To receive a payment from the settlement, you must complete and submit this form.

**How To Complete This Claim Form**

1. There are two ways to submit this claim form to the Settlement Administrator: (a) online at the settlement website, [www.tiktokdataprivacysettlement.com](http://www.tiktokdataprivacysettlement.com); or (b) by U.S. Mail sent to the following address: TikTok Data Privacy Settlement c/o Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. If you submit your claim by U.S. mail, make sure the completed and signed claim form are postmarked by **March 1, 2022**.
2. If you have any questions, please contact the Settlement Administrator by email at [Info@TikTokDataPrivacySettlement.com](mailto:Info@TikTokDataPrivacySettlement.com) or by telephone at 1-866-377-2247 or send your question to the Settlement Administrator by U.S. mail using the address above.
3. **You must notify the Settlement Administrator if your contact information changes after you send your Claim Form.**
4. **DEADLINE --** If you send in a Claim Form by U.S. mail, it must be postmarked by **March 1, 2022**. If you file a Claim Form online, then you must do so by **11:59 p.m. EST on March 1, 2022**.

**Your claim must  
be postmarked by:  
MARCH 1, 2022**

**UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF  
ILLINOIS**

*In Re: TikTok, Inc., Consumer Privacy Litigation*, MDL No. 2948, 20-  
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**TIK**

**Claim Form**

**I. YOUR CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form. NOTE: For any class member who is a minor, the Claim form needs to be completed and signed by the Parent and/or Guardian of the Class Member.

**Class Member's First Name**

**Class Member's Last Name**

**Parent/Guardian First Name (for minors)**

**Parent/Guardian Last Name (for minors)**

**Street Address**

**City**

**State**

**Zip Code**

**Current Phone Number**

**Current Email Address**

**Mobile Phone Number Associated with your TikTok Account, If Any**

**Email Address Associated with your TikTok Account, If Any**

**Please enter your  
Notice ID #**

**(If you received a notice by email. If you do not have a notice ID, you may still be eligible to submit a claim.)**

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## II. CLASS MEMBER DETAILS

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Do you currently reside in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you both (1) a resident of Illinois (2) who used the TikTok – Make Your Day video-sharing application (and/or its Musical.ly predecessor) to <b>create</b> videos while living in Illinois?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Did you use the TikTok - Make Your Day video-sharing application (and/or its Musical.ly predecessor) distributed in the U.S. prior to October 1, 2021?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Enter all usernames for TikTok accounts used by you or your minor child in the box to the right.  <i>If you have additional TikTok accounts, please submit a list of your additional usernames with this Claim Form.</i>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
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## III. PAYMENT SELECTIONS

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Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: \_\_\_\_\_

☐ **Venmo** - Enter the mobile number associated with your Venmo account: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ **Virtual Prepaid Card** – Enter the email address where you will receive the Virtual Prepaid Card:

\_\_\_\_\_

☐ **Physical Check** - Payment will be mailed to the address provided in Section I of this Claim Form.

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#### IV. VERIFICATION AND ATTESTATION UNDER OATH

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By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that the information provided in this Claim Form is, to the best of my knowledge, true and correct, and that I have not submitted another claim in connection with this Settlement and know of no other person having done so on my behalf.

\_\_\_\_\_  
Your signature

Date: \_\_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
Your name

#### **REMINDER CHECKLIST**

1. Please make sure you answered all the questions on the claim form. Be sure to select only **one** payment option.
2. Please make sure that you signed and dated the claim form.
3. Please keep a copy of your completed claim form for your own records.
4. If you have any questions, please first refer to the settlement website, [www.tiktokdataprivacysettlement.com](http://www.tiktokdataprivacysettlement.com). You may also contact the Settlement Administrator by calling the toll-free number, 1-866-377-2247, by email to [Info@TikTokDataPrivacySettlement.com](mailto:Info@TikTokDataPrivacySettlement.com), or by writing via U.S. mail addressed to TikTok Data Privacy Settlement c/o Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.