Your claim must be submitted online or postmarked by: September 8, 2025

### Wade v. The Daily Wire, LLC.

Case No. CACE-24-003886 In the Circuit Court of the 17th Judicial Circuit, in and for Broward County, Florida

**TDW CLAIM** 

#### **CLAIM FORM**

# **Settlement Claim Form**

If you are a Settlement Class Member and wish to receive a cash payment, your completed Claim Form must be postmarked on or before September 8, 2025, or submitted online on or before September 8, 2025.

Please read the full Notice of this settlement (available at www.DWVPPASettlement.com) carefully before filling out this Claim Form.

To be eligible to receive any benefits from the settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail:

www.DWVPPASettlement.com **ONLINE:** 

**MAIL:** Daily Wire VPPA Settlement

Administrator 1650 Arch Street, Suite

2210

Philadelphia, PA19103

#### PART ONE: CLAIMANT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

FIRST NAME										MI		LA	ST I	NAN	Æ										
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Your claim must be submitted online or postmarked by: September 8, 2025

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Broward County, Florida

**TDW CLAIM** 

### **CLAIM FORM**

PART TWO: PAYMENT SELECTION
Please select one of the following payment options:
Venmo
Email address associated with your Venmo account:
PayPal
Email address associated with your PayPal account:
Physical Check
A check will be mailed to the address provided above.
PART THREE: CERTIFICATION
For a claim to be an "Approved Claim", you must attest as to:
1) I was a log-in account holder and/or digital newsletter subscriber to a Daily Wire Website;
2) I accessed video content on the Daily Wire Website(s) while a log-in account holder of such Daily Wire Website(s) on or after March 11, 2022 through November 7, 2023.:
All the information on this Claim Form is true and correct to the best of my knowledge, information, and belief, and this is the only claim I will submit in connection with this Settlement. I understand the Settlement Administrator may contact me to request further verification of the information provided in this Claim Form.
DATE DD - YYYY
SIGNATURE

Please keep a copy of your Claim Form for your records.