Your Claim Form must be submitted online or <u>postmarked by</u>: FEBRUARY 28, 2023

UNITED STATES DISTRICT COURT DISTRICT OF NEW JERSEY

Jose Mendez v. Avis Budget Group, Inc. et al. Case No. 2:11-cv-06537

CLAIM FORM

MAVB

To make a claim in the Avis Budget Group E-Toll Settlement (the "Settlement"), you must complete this claim form and mail it to the address at the bottom of this form. Alternatively, you can complete and submit a claim form online at www.eTollSettlement.com. Only one claim form may be submitted per class member.

I. CLASS MEMBER CONTACT INFOR	RMATION			
Provide your name and contact information information changes after you submit this fo		Administrator if your contact		
First Name	Last	Last Name		
Street Address				
City	State	Zip Code		
Email Address	Notice ID (if you reco	eived a notice via mail or email)		
Date of Birth (MM/DD/YYYY)				
II. E-TOLL RELATED CHARGES				
Defendants maintain records of the e-Toll-Budget rentals. Defendants' records will b Agreement. You can obtain the information www.eTollSettlement.com, by calling info@etollsettlement.com . If you don't was proof to show your payment of e-Toll-Relate of your proof with this claim form. Please keep the state of	e used to calculate the value of your caused to calculate the value of your claimant the Settlement Administrator at the rely on Defendants' records, you red Charges on Avis or Budget rentals described.	laim under the terms of the Settlement im by visiting the settlement website at 1-844-448-0078, or by emailing may submit any and all records or other		
Select one of the following:	-			
I agree to be paid based on the e-Toll-Relate	ed Charges contained in Defendants' re	cords:		
☐ Yes - Proceed to Section III. Payment S	Selection.			
☐ No - Complete the chart below and pro	ovide proof with this claim form.			

Approximate Rental Date (Month, Year)	Vehicle Pickup Location	e-Toll-Related Charges You Paid	Refunded Amount*	Third Party Billed**
*If you received a refund fenter the refunded amount		oup, Inc. or the Highway	Γoll Administration	LLC for this transaction,
**If the e-Toll-Related Ch	arges were paid direc	tly by a third-party throug	gh a central billing a	ccount, enter "YES" here
II. PAYMENT SELECT	TON			
Please select one of the followyment:	owing payment option	ns, which will be used sho	ould you be eligible	to receive a settlement
PayPal - Enter your Page	yPal email address: _			
Venmo - Enter the mob	oile number associated	l with your Venmo accou	nt:	
Zelle - Enter the mobile	e number or email add	ress associated with your	Zelle account:	
Mobile Number:	-	or Email Address:		
Virtual Prepaid Card	- Enter your email ad	dress:		
_		the address provided abo		
V. ATTESTATION ANI) SIGNATURE			
CHECK THE BOX TO CO	ONFIRM THE TRUT	H OF THE STATEMEN	T.	
I certify that, at the time or charges.	e I used the e-Toll serv	vice, I was not aware that	such use required p	ayment of additional fees

Mail your completed Claim Form to:
Avis Budget Group E-Toll Settlement
Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

I declare under penalty of perjury under the laws of the United States of America that the information provided on this form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit,

Date: _

MM

DD

YYYY

verification, and Court review.

Your Signature