#### UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

In re: Facebook, Inc. Consumer Privacy User Profile Litigation, Case No. 3:18-MD-02843-VC www.FacebookUserPrivacySettlement.com

### **CLAIM FORM INSTRUCTIONS**

This Claim Form is for Settlement Class Members. The Settlement Class includes the following: All Facebook users in the United States between May 24, 2007 and December 22, 2022. 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 www.FacebookUserPrivacySettlement.com; or (b) by U.S. Mail to the following address: Facebook Consumer Privacy User Profile Litigation, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Your Claim Form must be submitted by **August 25, 2023**. If you submit your claim by U.S. mail, make sure the completed and signed Claim Form is postmarked by **August 25, 2023**.
- 2. You must complete the entire Claim Form. Please type or write your responses legibly.
- 3. If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond by the deadline provided by the Settlement Administrator for you to supply any such additional information, your claim will not be processed, and you will waive your right to receive money under the Settlement.
- 4. You may only submit one Claim Form.
- 5. Submission of the Claim Form does not guarantee payment. Your Claim Form must be approved by the Settlement Administrator.
- 6. If you have any questions, please contact the Settlement Administrator by email at <a href="mailto:info@FacebookUserPrivacySettlement.com">info@FacebookUserPrivacySettlement.com</a>, by telephone at 1-855-556-2233 or by U.S. mail at the address listed above.
- 7. You must notify the Settlement Administrator if your contact or payment information changes after you submit your Claim Form. If you do not, even if you submit a valid claim under the Settlement, you may not receive your Settlement payment.
- 8. **DEADLINE** -- If you submit a claim by U.S. mail, the completed and signed Claim Form must be postmarked by **August 25**, **2023**. If submitting a Claim Form online, you must do so by **11:59 p.m. PDT on August 25**, **2023**.

Your claim must be submitted online or postmarked by: August 25, 2023

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

In re: Facebook, Inc. Consumer Privacy User Profile Litigation
Case No. 3:18-MD-02843-VC
www.FacebookUserPrivacySettlement.com

**FCP** 

# **Claim Form**

I. YOUR CONTACT INFORMATION							
Provide your name and contact information be contact information changes after you submit will be processed only for purposes of effects.	this form. NOTE: The personal info						
First Name	Last Name						
Street Address							
City	State	Zip Code					
Current Phone Number	Email Address						
II. DETAILS							
Did you reside in the United States at any time between May 24, 2007 and December 22, 2022, inclusive?		Yes  No					
Were you a Facebook user at any time between May 24, 2007 and December 22, 2022?		Yes					
Are you filling a claim for a current account, a deleted account or a combination of both?		Current  Deleted					
		Both					

Enter the em	ACCOUNT nail address(es), phone number y 24, 2007 and December 22	er(s), and/or username(s) associat, 2022:	ed with your Fac	ebook account
Current Em	ail(s):			
	1			
Current Pho	one Number(s):			
	1			
<b>Current Use</b>				
	ions about how to find your F ookuserprivacysettlement.co	Facebook username, please see Fa m.	AQ 17 at	
	1.			
DELETED .	ACCOUNT(S)			
		between May 24, 2007 and Deco art below for each deleted Faceb		but have since
#	Account ID Type (Select from: Phone Number, Username or Email Address)	Enter the Phone Number, Username or Email Address associated with your deleted account	Approximate Start Date	Approximate End Date
Example	Phone Number	111-111-1111	1/1/2010	12/31/2010
1.				
2.				
3.				

III. METHOD FOR RECEIVING PAYMENT (choose	se one)				
Please make sure the email or phone number you provide information above.	to receive p	payment i	natches y	our contact	
Please select <b>one</b> of the following payment options:					
Prepaid Mastercard – Enter the email address whe	re you will	receive th	e Prepaid	Mastercard:	
PayPal - Enter your PayPal email address:					
☐ <b>Venmo -</b> Enter the <b>mobile number</b> associated with y	our Venmo	account:			
Zelle - Enter the email address or mobile number a	ssociated w	ith your 2	Zelle acco	unt:	
Physical Check - Payment will be mailed to the address	ess provideo	d above.			
IV. VERIFICATION AND ATTESTATION UNDER	OATH				
By signing below and submitting this Claim Form, I herebidentified above and the information provided in this Claim	•	-		ry that I am the pe	erson
	Date: _				
Your signature		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. Please submit your completed Claim Form online OR by mail by August 25, 2023 to: Facebook Consumer Privacy User Profile Litigation, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103