

**Your claim must
be submitted
online or
postmarked by:
April 7, 2026**

Hurd, et al. v. G.Skill International et al.
Case No. 2:22-cv-00685-SSS-MAR
United States District Court, Central District of California
**DDR4 & DDR5 DESKTOP MEMORY SPEED SETTLEMENT CLAIM
FORM**

GSK-CLAIM

INSTRUCTIONS

You are eligible to submit a Claim Form in the DDR4 & DDR5 Desktop Memory Speed Settlement if you are a Settlement Class Member.

The **Settlement Class** includes all individuals in the United States who purchased one or more **Products** from January 31, 2018 to January 7, 2026.

Excluded from the Settlement Class are (1) any Judge or Magistrate presiding over this action and members of their families, (2) the defendant, defendant's subsidiaries, parent companies, successors, predecessors, and any entity in which the defendant or its parents have a controlling interest and their current or former officers, directors, and employees, (3) counsel of record (and their respective law firms) for the Parties; (4) persons who properly execute and file a timely request for exclusion from the Class, and (5) the legal representatives, successors or assigns of any such excluded persons.

Products include any G.Skill DDR-4 (non-SODIMM/laptop) memory product with a rated speed over 2133 megahertz (MHz) or any G.Skill DDR-5 (non-SODIMM/laptop) memory product with a rated speed over 4800 megahertz. For the sake of clarity, "rated speed" includes and encompasses effective speed, data transfer rate, and any other terminology used to describe the advertised or specified performance speed of memory products.

Completing the Claim Form

Fill out each section of this Claim Form, check the boxes that apply, and sign where indicated. Settlement Payments will be paid on a per-product basis, with a maximum of five (5) qualifying purchases paid per household, without proof of purchase. Households that purchased more than five (5) products must provide proof of purchase upon request.

The Settlement Administrator will review your Claim Form, and if accepted, you will be sent a physical check or digital payment for a pro rata share depending on the number of valid claim forms received. This process takes time, please be patient.

The information you provide on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

Submitting the Claim Form

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY **APRIL 7, 2026** AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Online: to www.GSkillDRAMSettlement.com

By Mail: to 1650 Arch Street, Suite 2210, Philadelphia, PA 19103

Questions about the Claim Form?

Contact the Settlement Administrator by emailing www.GSkillDRAMSettlement.com or writing to the address above.

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I. CLAIMANT INFORMATION

Provide your contact information and Notice ID, if you received one, below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit this Claim Form.

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First Name

M.I.

Last Name

--

Street Address

--	--	--

City

State

Zip Code

--	--	--

Email Address

Phone Number

Notice ID Number

II. CLASS MEMBER VERIFICATION

Check the following boxes to confirm the statements that are true and enter the number of products purchased. Indicate whether you are providing proof of purchase.

- ☐ I purchased G.Skill DDR-4 desktop memory products with a rated speed over 2133 megahertz (MHz) or G.Skill DDR-5 desktop memory products with a rated speed over 4800 megahertz.
- ☐ I am including proof of purchase with this Claim Form.
- ☐ At the time I purchased the G.Skill memory product(s), I was living in the United States.
- ☐ The purchase(s) occurred between January 31, 2018 and January 7, 2026.

III. PAYMENT SELECTION

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

- ☐ **Virtual Prepaid Card** - Enter your email address: _____
- ☐ **PayPal** - Enter your PayPal email address: _____
- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____
- ☐ **Zelle** - Enter the mobile number or email address associated with your account: _____
- ☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

IV. DECLARATION & SIGNATURE

By signing below and submitting this claim form, I declare that I believe I am a member of the Settlement Class and that all the information provided in this claim form is true.

Signature: _____ Printed Name: _____ Date: _____