

**Your claim  
must be  
postmarked by:  
September 27,  
2023**

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DUPAGE COUNTY, ILLINOIS**

*Parris v. Meta Platforms, Inc.*, Case No. 2023LA000672

**INS**

**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.

**First Name**

**Last Name**

**Street Address**

**City**

**State**

**Zip Code**

**Email Address**

**Instagram Username**

**or**

**Phone Number**

**Associated with your Instagram Account**

**II. IF YOU ARE NO LONGER AN ILLINOIS RESIDENT**

If you are no longer an Illinois resident, please provide the address where you resided in Illinois between August 10, 2015, and August 16, 2023.

**Street Address**

**City**

**State**

**Zip Code**

**III. PAYMENT SELECTION**

**Virtual Prepaid Card** - Enter your email address: \_\_\_\_\_

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

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**Zelle** - Enter the mobile number or email address associated with your account:

Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Email Address: \_\_\_\_\_

**Physical Check** - Payment will be mailed to the address provided above.

**IV. VERIFICATION AND ATTESTATION UNDER OATH**

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury:

- I have lived in the state of Illinois between August 10, 2015, and August 16, 2023;
- While living in Illinois, I used Instagram; and
- 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.

Date: \_\_\_\_\_

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

\_\_\_\_\_  
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.InstagramBIPAsettlement.com](http://www.InstagramBIPAsettlement.com). You may also contact the Settlement Administrator by calling the toll-free number, 1-844-688-8804, by email to [Info@InstagramBIPAsettlement.com](mailto:Info@InstagramBIPAsettlement.com), or by writing via U.S. mail addressed to Instagram Privacy Settlement c/o Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.