

Your claim must be
submitted online or
postmarked by:
October 17, 2024

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

KATZ-LACABE ET AL V. ORACLE AMERICA, INC., CASE NO. 3:22-CV-04792

www.KatzPrivacySettlement.com

KAT

CLAIM FORM INSTRUCTIONS

You may submit your Claim Form online at **www.KatzPrivacySettlement.com** or by U.S. Mail to the following address: *Katz-Lacabe et al v. Oracle America, Inc., c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.*

1. You must complete the entire Claim Form. Please type or write your responses legibly.
2. 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, the Settlement Administrator will be unable to process your claim, and you will waive your right to receive money under the Settlement.
3. You may only submit one Claim Form.
4. If you have any questions, please contact the Settlement Administrator by email at **Questions@KatzPrivacySettlement.com**, by telephone at 1-888-255-4036, or by mail at the address listed above.
5. Submission of this Claim Form does not guarantee payment. Your Claim Form must be approved by the Claims Administrator.
6. **You must notify the Settlement Administrator if your contact or payment information changes. If you do not, even if you submit a valid claim under the Settlement, you may not receive your payment.**
7. **DEADLINE:** Your claim must be submitted online by **October 17, 2024**. Claim Forms submitted by mail must be postmarked no later than **October 17, 2024**.

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I. CONTACT INFORMATION AND RESIDENCY VERIFICATION

Provide your contact information and residency status as requested below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name	Last Name		
Alias or Nickname (if any)	Street Address		
City	State	Zip Code	Phone Number
Email Address			*Notice ID (optional)

* If you received a Notice about the Settlement by email, please provide the Notice ID located above your name on the Notice you received. If you do not have a Notice ID, you may still be eligible to submit a claim.

Did you reside in the United States at any point between August 19, 2018, and the present day?	Yes ☐
	No ☐

II. PAYMENT SELECTION

Please select one of the following payment options:

- ☐ Venmo - Mobile number on account: _____ - _____ - _____
- ☐ Zelle - Email address or Mobile number on account: _____
- ☐ Virtual Prepaid Card - Email address for delivery: _____
- ☐ Physical Check - Payment will be mailed to the address provided above.

III. ATTESTATION UNDER PENALTY OF PERJURY

By signing below and submitting this Claim Form, I hereby attest under penalty of perjury that to the best of my knowledge the information provided in this Claim Form is true and correct, that nobody has submitted another claim in connection with this Settlement on my behalf, that I have not submitted any other Claim Form in connection with this action, and that any acquisition, capture, or collection of my personal information by Oracle was without my consent.

Signature

Date: _____

MM / DD / YYYY

Print Full Name