

**CLAIM FORM INSTRUCTIONS**

This Claim Form is for Settlement Class Members. The Settlement Class includes the following: All persons who, between April 22, 2010 and September 26, 2011, inclusive, were Facebook Users in the United States that visited non-Facebook websites that displayed the Facebook Like button. 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.FBInternetTrackingSettlement.com](http://www.FBInternetTrackingSettlement.com); or (b) by U.S. Mail to the following address: Facebook Internet Tracking Litigation, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Your Claim Form must be submitted by September 22, 2022. If you submit your claim by U.S. mail, make sure the completed and signed Claim Form is postmarked by **September 22, 2022**.
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 [info@FBInternetTrackingSettlement.com](mailto:info@FBInternetTrackingSettlement.com), by telephone at 1-844-665-0905, 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 **September 22, 2022**. If submitting a Claim Form online, you must do so by **11:59 p.m. PST on September 22, 2022**.

**Your claim must be submitted online or postmarked by: September 22, 2022**

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA**  
*In Re Facebook Internet Tracking Litigation,*  
Case No. 5:12-MD-02314-EJD  
www.FBInternetTrackingSettlement.com

**FAC**

**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. **NOTE:** The personal information you provide below will be processed only for purposes of effectuating the Settlement.

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**First Name**

**Last Name**

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**Street Address**

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**City**

**State**

**Zip Code**

(   )   -	
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**Current Phone Number**

**Email Address (associated with your Facebook account)**

**If you received a Notice about the Settlement by email, you have been identified as a Settlement Class Member. In the below field, please provide the Notice ID located above your name/address on the Notice you received. If you do not have a Notice ID, you may still be eligible to submit a claim.**

**Please enter your Notice ID #**

**II. DETAILS**

Did you reside in the United States between April 22, 2010 and September 26, 2011, inclusive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you currently have a Facebook account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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<p>Enter all usernames or Universal Resource Locators (“URLs”) for Facebook accounts used by you between April 22, 2010 and September 26, 2011 (entering your username will increase the chances of the Settlement Administrator finding your account; if you cannot remember your username, leave it blank and the administrator will try to locate your account based on the other information on this form):</p>	<p>1. _____  2. _____  3. _____  4. _____  5. _____</p>
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**III. PAYMENT SELECTION (choose one)**

Please select one of the following payment options:

- PayPal** - Enter your PayPal email address:  
\_\_\_\_\_
- Venmo** - Enter the mobile number associated with your Venmo account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Virtual Prepaid Card** – Enter the email address where you will receive the Virtual Prepaid Card:  
\_\_\_\_\_
- Zelle** - Enter the email address or mobile number associated with your Zelle account:  
\_\_\_\_\_
- Physical Check** - Payment will be mailed to the address provided in Section I of this Claim Form.

**IV. VERIFICATION AND ATTESTATION UNDER OATH**

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form is true and correct, and that I have not submitted another Claim Form in connection with this Settlement and know of no other person having done so on my behalf.

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

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