

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

*Lundy et al. v. Meta Platforms, Inc.*, Case No. 3:18-cv-06793-JD

[www.FacebookLocationSettlement.com](http://www.FacebookLocationSettlement.com)

**CLAIM FORM INSTRUCTIONS**

This Claim Form is for Settlement Class Members. The Settlement Class includes the following: All natural persons residing in the United States who used Facebook between January 30, 2015 and April 18, 2018, inclusive, and whose iOS or Android Location Services setting for the Facebook application was turned off at any point during that period. 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.FacebookLocationSettlement.com](http://www.FacebookLocationSettlement.com); or (b) by U.S. Mail to the following address: Facebook Location Services Settlement, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Your Claim Form must be submitted by **August 11, 2023 at 11:59 p.m. PST**. If you submit your claim by U.S. mail, make sure the completed and signed Claim Form is postmarked by **August 11, 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 [Info@FacebookLocationSettlement.com](mailto:Info@FacebookLocationSettlement.com), by telephone at 1-855-488-0996, 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. If the Court determines that the number of claims made renders it economically or administratively infeasible to pay money to persons who make a timely and valid claim, payment will instead be made to the not-for-profit organizations identified on the Settlement website at [www.FacebookLocationSettlement.com](http://www.FacebookLocationSettlement.com). In other words, in this situation, class members who made claims will not receive payment, but rather the Settlement Fund will be distributed to the not-for-profit organizations.
9. **DEADLINE** – If you submit a claim by U.S. mail, the completed and signed Claim Form must be postmarked by **August 11, 2023**. If submitting a Claim Form online, you must do so by **August 11, 2023 at 11:59 p.m. PST**.

Your claim must be submitted online or postmarked by: August 11, 2023

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## 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.

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 point between January 30, 2015 and April 18, 2018, inclusive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you a Facebook user at any point between January 30, 2015 and April 18, 2018, inclusive, while you were residing in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you have Location Services turned off for the Facebook application on your iOS or Android-based device(s) at any point in time between January 30, 2015 and April 18, 2018, inclusive?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Did you access Facebook while Location Services was disabled for the Facebook application on your iOS or Android-based device(s) between January 30, 2015 and April 18, 2018, inclusive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Enter all usernames or URLs for Facebook accounts used by you between January 30, 2015 and April 18, 2018, inclusive:	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Email address(es) associated with your Facebook account:	1. _____ 2. _____ 3. _____

**III. PAYMENT SELECTION (choose one)**

Please select **one** of the following payment options<sup>1</sup>:

- 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:  
\_\_\_\_\_

**IV. VERIFICATION AND ATTESTATION UNDER OATH**

By signing below and submitting this Claim Form, I hereby declare or affirm 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. I understand that my Claim Form may be subject to audit, verification, or Court review. Also, I agree to be bound by the provisions of the Settlement Agreement, including granting to Meta and other

<sup>1</sup> Please contact the Settlement Administrator if you do not have access to the digital payment options listed above.

Released Parties a release of all Released Claims as defined and set forth in the Settlement Agreement and in any Final Order of the Court that may be entered pursuant to the Settlement.

\_\_\_\_\_  
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.