

CLAIM FORM

TO RECEIVE A PAYMENT, YOU MUST COMPLETE AND SIGN THIS CLAIM FORM AND SUBMIT IT TO THE SETTLEMENT ADMINISTRATOR (SEE SUBMISSION INFORMATION BELOW) BY JULY 10, 2019.

Please read this form carefully and follow the instructions below. Step 1: provide the requested information. Step 2: sign the certification. Step 3: submit the Claim Form using one of the identified methods. You may submit this Claim Form online by 11:59 P.M. EST on July 10, 2019 or you may print out and mail this form to: Parker v. Universal Settlement, c/o JND Legal Administration, P.O. Box 91234, Seattle, WA 98111 postmarked on or before July 10, 2019.

YOU ARE ONLY ENTITLED TO SUBMIT A CLAIM FORM IF YOU ARE A MEMBER OF ONE OR MORE OF THE SETTLEMENT CLASSES. See the Long Form Notice online at wctcpasettlement.com or call 1-833-402-1723 if you have questions as to whether you are a member of the Settlement Classes.

Each Settlement Class Member is entitled to submit only one claim. Your claim may be rejected if you do not provide the information requested below. Your claim will also be rejected if you do not sign the Claim Form.

STEP 1: CLAIMANT INFORMATION

Name: _____
First Middle Last

Current Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Current Telephone Number: _____

Class Member ID*: _____

*This number is the 10-digit alphanumeric number located in the Notice you received. If you do not provide this number, your claim form may be rejected.

Please provide the 10-digit cellular telephone number at which you were sent a text message relating to the film *Warcraft*, and identify whether the number was a residential or business line:

Telephone Number: _____

This cellular telephone number is a ____ residential ____ business line.

STEP 2: CERTIFICATION

I hereby certify under penalty of perjury that I have received notice of the class action Settlement in this case and I am a member of one or more of the classes of persons as described in the Notice. I certify under penalty of perjury that the above information is true to the best of my knowledge. I understand that the Settlement Administrator, Class Counsel, and Defense Counsel have the right to verify my responses or otherwise dispute any claims that are based on inaccurate responses.

Signature

Date: _____
MM DD YY

STEP 3: METHODS OF SUBMISSION

Please complete the Claim Form above and return it by one of the following methods:

- [1] By completing this online Claim Form and clicking “submit” below by 11:59 P.M. EST on July 10, 2019.
- [2] By mailing, at your own expense, a completed and signed Claim Form to the Settlement Administrator, postmarked no later than July 10, 2019, to: Parker v. Universal Settlement, c/o JND Legal Administration, P.O. Box 91234, Seattle, WA 98111.