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CLASS ACTION SETTLEMENT CLAIM FORM

In re Google Referrer Header Privacy Litigation

Case No. 5:10-cv-4809-EJD, United States District Court for the Northern District of California

*****ANY FIELD BELOW WITH AN * (ASTERISK) IS A REQUIRED FIELD*****

You should complete this Claim Form if you submitted a search query to Google and clicked on a search result within the United States during the Class Period (between October 25, 2006, and September 30, 2013).

The Notice of Proposed Class Action Settlement describes your legal rights and options and is available to view or download at the Settlement Website, www.RefererHeaderSettlement.com. You may also call toll-free 1-833-512-2306 for more information.

If you wish to submit a Claim for a Settlement Payment, please provide the information requested below. You must mail this completed Claim Form to the address below so that it is postmarked by **July 31, 2023**.

In re Google Referrer Header Privacy Settlement
ATTN: Claim Form
c/o Kroll Settlement Administration
P.O. Box 225391
New York, NY 10150-5391

You may also submit a Claim Form online at the Settlement Website, www.RefererHeaderSettlement.com, on or before **July 31, 2023 at 11:59 p.m. PDT**.

1. SETTLEMENT CLASS MEMBER INFORMATION

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit this Claim Form. You may update your contact information on the Contact page of the Settlement Website, www.RefererHeaderSettlement.com.

_____ MI _____
*First Name *Last Name

*Mailing Address 1: Street Address/P.O. Box

*Mailing Address 2: Apartment/Suite/Floor Number

_____ - _____
*City *State *Zip Code Zip4 (Optional)

*Current Email Address @

(_____) _____ - _____
Current Phone Number (Optional)



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2. SETTLEMENT PAYMENT ELIGIBILITY*

I affirm that I submitted a search query to Google and clicked on a search result within the United States during the Class Period (between October 25, 2006, and September 30, 2013).

Note: Settlement Class Members who affirm to the statement above are eligible to receive a Settlement Payment. The amount of the Settlement Payment is subject to a pro rata reduction or a pro rata increase, depending upon how many Claims are filed.

3. PAYMENT SELECTION*

If you elect to receive payment via paper check, it will be mailed to the address provided on the first page of this Claim Form or to any updated address you may provide to us. If you elect to receive payment via digital transfer, you will need to submit a Claim Form online at the Settlement Website, www.RefererHeaderSettlement.com. Electronic payment options include PayPal, Venmo, Zelle, ACH, and virtual Mastercard.

4. AFFIRMATION AND SIGNATURE*

I SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS CLAIM FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT THE DECISION OF THE SETTLEMENT ADMINISTRATOR IS FINAL AND BINDING ON ME AND ON GOOGLE.

Signature

____/____/_____
Date (mm/dd/yyyy)

Print Name