| Internal Ref. No.: |  |
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## CLAIM FORM CLASS ACTION SETTLEMENT

Hu, et al. v. Plehn-Dujowich, et al., United States District Court Northern District Of California Case Number: 3:18-cv-01791-EDL

## PLEASE READ CAREFULLY

THIS FORM SHOULD BE SUBMITTED **NO LATER THAN DECEMBER 20, 2019**, IF YOU WISH TO MAKE A CLAIM FOR FINANCIAL COMPENSATION FROM THE CLASS ACTION SETTLEMENT. ALL CLAIM FORMS MUST BE SUBMITTED TO THE SETTLEMENT ADMINISTRATOR BY MAIL OR THROUGH THE SETTLEMENT WEBSITE:

## DHILLON LAW GROUP INC.

177 Post Street, Suite 700 San Francisco, CA 94108 United States of America Tel: +1 (415) 433-1700

Fax: +1 (415) 520-6593

Email: GFDPsettlement@dhillonlaw.com Web: www.dhillonlaw.com/GlobalFinancialDataProject

IF YOU WISH TO CLAIM FINANCIAL COMPENSATION FROM THE CLASS ACTION SETTLEMENT YOU MUST SIGN THIS FORM AND PROVIDE INFORMATION BELOW:

| Name:  |         |
|--|---------|
| Former Names/Nick Names (if any):  |         |
| Street Address:  |         |
| City, State, Zip Code:   |         |
| Country:   |         |
| Telephone: Email:  |         |
| Should the Settlement Administrator determine my Claim to be valid, I request that payment be the following manner ( <i>check one of four options</i> ): | made in |
| ☐ <b>OPTION 1</b> : By check, mailed to the address listed above, or, if so indicated, to the foll   | owing   |
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| ☐ <b>OPTION 2</b> : By direct deposit to a U.S. Bank:  |
|--|
| Check one: ☐ Checking Account ☐ Savings Account  |
| Account Holder:  |
| Bank Name:   |
| Branch Address:  |
| Routing Number:  |
| Account Number:  |
| ☐ <b>OPTION 3</b> : By wire transfer to the following account:   |
| Account Holder:  |
| Bank Name:   |
| Branch Address:  |
| Wire Routing Transit Number:   |
| Swift Code:  |
| Account Number:  |
| ☐ <b>OPTION 4</b> : By emailing the Settlement Administrator at GFDPsettlement@dhillonlaw.com to make alternative arrangements.  |
| *Please note that any costs associated with delivery of payment will be deducted from your settlemen payment. All financial information provided by you will be kept confidential by the Settlemen Administrator and destroyed following completion of the settlement process. |
| By signing below, I authorize the Settlement Administrator to tender any settlement payment to me in the above-designated manner.  |
| I also declare that I participated in the Global Financial Data Project and paid the following amount as a course fee:   |
| ☐ I did not pay any course fee.  |
| ☐ I paid \$2,413 as a course fee.  |
| $\square$ I paid the following amount in the form of a course fee: \$ .  |

| I submit the following documentation along with this Claim Form to the Settlement Administrator, as proof of the above payment:                    |
|--|
| ☐ An invoice, receipt, or similar document confirming payment.   |
| $\square$ A bank statement, credit card statement, or similar document confirming payment.   |
| ☐ Other:   |
| □ None / not applicable.   |
| I declare under penalty of perjury of the laws of the United States that the foregoing is true and correct to the best of my knowledge and belief. |

Internal Ref. No.: \_\_\_\_\_

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