

WOOPLA PLATFORM SETTLEMENT CLAIM FORM

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY JANUARY 29, 2024. THE CLAIM FORM MUST BE SIGNED AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

The Settlement Administrator will review your Claim Form. If accepted, you will receive a share of the Settlement Fund. This process takes time, please be patient. If you have any questions, or would like to estimate your share of the Settlement Fund, visit: www.wooplaplatformsettlement.com.

Instructions: Fill out each section of this form and sign where indicated.

<u>First Name</u>		<u>Last Name</u>	
<u>Street Address</u>			
<u>City</u>		<u>State</u>	<u>ZIP Code</u>
<u>Email Address</u>			<u>Phone Number</u>
<u>www.funzpoints.com Player ID(s) (if known)</u>			
<u>All email addresses associated with www.funzpoints.com accounts.</u>			

Settlement Class Member Affirmation: By submitting this Claim Form you affirm under penalty of perjury that, to the best of your knowledge, the Player ID(s) and the email address(es) listed above are yours.

Signature: _____ Date: ____/____/____

Select Payment Method: Select **ONE** box for how you would like to receive payment and provide the requested information.

Check	Venmo®	PayPal®
Mailing Address:	Email Address:	Email Address: