

**People of the State of California v. Match Group, Inc., Case No. 20CV02496
Superior Court of the State of California, County of Santa Cruz**

CLAIM FORM

**TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE
ALL THE REQUESTED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM.**

YOUR CLAIM FORM MUST BE POSTMARKED BY JANUARY 14, 2022, AND MAILED TO:

People of the State of California v. Match Group, Inc.
c/o CPT Group Inc.
50 Corporate Park
Irvine, CA 92606

1. CLAIMANT INFORMATION:

FIRST NAME

LAST NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

(optional)

EMAIL ADDRESS

CONTACT PHONE NUMBER: (____) ____ - ____

2. PAYMENT OPTIONS (please make one selection):

• **Electronic Payment**

PayPal

Venmo

Direct Deposit/ACH

Please confirm the email address listed above is the correct address to receive notification of your payment or provide the correct email address for payment here: _____

• **Paper Check – By selecting this option you acknowledge that payment may take up to 8 weeks longer to receive than electronic payment.**

I agree to receive my payment in the form of a paper check by mail. I confirm that the address listed above is the address to which my paper check should be mailed.

3. CERTIFICATION:

I declare under penalty of perjury that:

I purchased a subscription to an ONLINE DATING SERVICES CONTRACT with Defendant between January 26, 2013, and July 7, 2021, and was charged for at least one automatically renewed cycle without my knowledge or consent.

The following is the email address and telephone number I used for my online dating subscription:

Email: _____ Phone: _____

- The online dating service I used was (please select at least one):
 - Tinder
 - OkCupid (a/k/a OKC)
 - Plenty of Fish (a/k/a POF)
 - Match (a/k/a Match.com)
 - OurTime
 - BlackPeopleMeet
 - Hinge
 - Chispa
 - BLK
 - Upward
 - Other: _____
- I have not received any refund of a renewal charge for my ONLINE DATING SERVICES CONTRACT with Defendant, and
- At the time I purchased a subscription, I lived in California and resided at the following address:

Signing in the space below constitutes your acceptance of the terms of this claim form.

Signature: _____

Date: _____

**For more information visit www.MatchGroupClaims.com
Or call 1-888-617-1637**