CLAIM FORM FOR UNIDENTIFIED CLASS MEMBERS

This Claim Form may be submitted online at www.KSEMagazineSettlement.com or completed and mailed to the address below. Submit your completed Claim Form online or mail it so it is postmarked no later than **January 4, 2024**. If you received a Notice by mail, you do NOT need to submit a Claim Form, and your Cash Award will be sent to you by check at the address identified on the Notice once the Settlement is finally approved. If your address has changed, please submit a change of address form online at www.KSEMagazineSettlement.com to ensure your check is mailed to your current address.

I. CLAIMANT INFORMATION (all fields required)

The Settlement Administrator will use this information for communications and payments. If this information changes before settlement payments are issued, contact the Settlement Administrator at the address below.

First N	Name	M.I.	Last Nan	ne	
Currer	nt Mailing Address, Line 1: Street Address/P.O. Box				
Currer	nt Mailing Address, Line 2:				
City:		Star	te:	Zip Code:	
Preferred Telephone Number		Preferred Email address		il address	
Mailin	CLAIM INFORMATION g address at which you received your subscription t Mailing Address, Line 1: Street Address/P.O. Box	on betwee	n June 16	, 2015 and July 30, 2016:	
Currer	nt Mailing Address, Line 2:				
City:		Star	te:	Zip Code:	
III.	PREFERRED PAYMENT METHOD				
	□ Check				
	☐ PayPal (Associated Email Address:)	
	☐ Venmo (Associated Phone Number:)	
IV.	SIGNATURE: Sign and date the Claim Form below.				
Signed:		Date:			
		11 1	1 1	. 1 1 1 . 1 T . 4.2024	

Submit this Claim Form online or mail it to the address below postmarked no later than **January 4**, 2024.

KSE Magazine Settlement c/o JND Legal Administration P.O. Box 91225 Seattle, WA 98111