Salvador Beltran, Jr. and Eli Gross, et al. v. Sony Pictures Entertainment, Inc. d/b/a Crunchyroll
United States District Court for the Norther District of Illinois
Case No.: 1:22-cv-04858

SETTLEMENT CLAIM FORM

If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before **December 12, 2023** or submitted online on or before **December 12, 2023**.

To be eligible to receive any Settlement Benefits obtained in this Action, you must submit this completed Claim Form online or by mail:

ONLINE: Submit this Claim Form.

MAIL: Kroll Settlement Administration LLC

PART ONE: CLAIMAINT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Your Name: _____
First Middle Last

Your Address: _____
Street Apt. City State Zip Code

Your Telephone Number: (____ ____ ____) - ____ ____ ____ - ____ ____ ____ ____

Your Email Address: _____@_____

Email Address Associated with your Crunchyroll Account: _____@_____

POTENTIAL CASH PAYMENT: You may be entitled to receive a cash payment, which Class Counsel estimates will be approximately $30, but the exact amount is not yet known and could be more or less.

Popular electronic payment options such as Venmo and PayPal are available, unless you prefer a physical check. Please ensure you have provided a current and complete email address.

PART TWO: ATTESTATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the law of the United States of America that during the period between September 8, 2020 and Preliminary Approval of this Settlement, I was a registered user of an online website, mobile app, or any video-on-demand service or app owned, controlled, and/or operated by Crunchyroll and viewed videos on an online website, mobile app, or any video-on-demand service or app owned, controlled, and/or operated by Crunchyroll. I also declare that all information on this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit verification and Court review.

Date: ____ ____ / ____ ____/ ____ ____ ____ ____ Signature: _____