

**YOUR CLAIM FORM MUST BE SUBMITTED
ON OR BEFORE
DECEMBER 29, 2026**

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION**

JANE DOE, et al., individually and on behalf of
all others similarly situated,

Plaintiffs,

v.

GOODRX HOLDINGS, INC., et al.,

Defendants.

Case No. 4:23-cv-00501-AMO

SETTLEMENT PAYMENT CLAIM FORM (“CLAIM FORM”)

Prior to completing this form, it is important that you review the **Notice of Proposed Class Action Settlement, February 11, 2027 Final Approval Hearing Thereon and Settlement Class Members’ Rights** and the **Amended Class Action Settlement Agreement and Release** between Plaintiffs and GoodRx Holdings, Inc. and Criteo Corp., which are available at the Settlement Website, www.goodrxprivacysettlement.com, for information on who is eligible for a Settlement payment.

Please submit a Claim Form **on the Settlement Website by 11:59 p.m. Eastern Time on December 29, 2026 OR complete and mail this form to the Settlement Administrator postmarked no later than December 29, 2026**. If you cannot submit the required information below or have questions, call or email the Settlement Administrator for further instructions. Each Settlement Class Member may file **one Claim Form only** for a *pro rata* cash payment from the Net Settlement Fund, regardless of the number of notices that they may receive.

I. CLAIMANT INFORMATION

Please provide all of the required information below. The Settlement Administrator will use this information to communicate with you about this Claim Form. If this information changes after you submit this form, please notify the Settlement Administrator in writing. If you are completing and signing this Claim Form on behalf of the Claimant, you must attach documentation showing you have the authority to act on behalf of the Claimant.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

**SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT
WWW.GOODRXPRIVACYSETTLEMENT.COM**

QUESTIONS? EMAIL INFO@GOODRXPRIVACYSETTLEMENT.COM, OR CALL 1-877-888-9232.

II. PAYMENT ELECTION

For my *pro rata* cash payment, I wish to receive my payment, if approved, by (select one):

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address on page 1 of this form. Please make sure the information in the Claimant Information section is accurate.

III. ATTESTATION AND CERTIFICATION

☐ I attest that I resided in the United States and used any website, app, or service made available by or through GoodRx at any time prior to April 20, 2024.

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN CONNECTION WITH THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE.

Signature of Claimant

Print Name of Claimant

Date (MM/DD/YY)

REMINDER: YOUR SETTLEMENT CLAIM FORM MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON DECEMBER 29, 2026 OR POSTMARKED AND MAILED NO LATER THAN DECEMBER 29, 2026 TO:

**GoodRx Data Disclosure Settlement
c/o A.B. Data, Ltd.
P.O. Box 173138
Milwaukee, WI 53217**

**SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT
WWW.GOODRXPRIVACYSETTLEMENT.COM**

QUESTIONS? EMAIL INFO@GOODRXPRIVACYSETTLEMENT.COM, OR CALL 1-877-888-9232.