

CLAIM FORM

People of the State of Illinois v. Veryable, Inc.

This Claim Form must be returned or submitted online at: www.ILVeryableSettlement.com by **September 2, 2025** to receive your first payment shortly after **October 1, 2025**. You may also submit a late Claim Form up until **January 4, 2027**.

Claimant ID: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Social Security or ITIN: _____

Electronic payment options are available only online at: www.ILVeryableSettlement.com. If you do not select a payment option online, you will receive a paper check at the address on this form.

☐ I verify that this information is correct and that I waive my right to bring suit as described above and covering the time period set forth above.

Sign _____ Date _____