

VGW Games Settlement Claim Form

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY **MARCH 6, 2023**. THE CLAIM FORM MUST BE SIGNED AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

The Settlement Administrator will review your Claim Form. If accepted, you will receive a share of the Settlement Fund. This process takes time, please be patient. If you have any questions, or would like to estimate your share of the Settlement Fund, visit: www.VGWGamesSettlement.com.

Instructions: Fill out each section of this form and sign where indicated.

First Name	Last Name	
Street Address		
City	State	ZIP Code
Email Address	Phone Number	
Chumba Casino and/or Luckyland Slots User ID(s) (if known)		
All email addresses associated with Chumba Casino and/or Luckyland Slots accounts.		

Settlement Class Member Affirmation: By submitting this Claim Form you affirm under penalty of perjury that, to the best of your knowledge, the User ID(s) and the email address(es) listed above are yours.

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

Select Payment Method: Select **ONE** box for how you would like to receive payment and provide the requested information.

Check	Venmo®	PayPal®
Mailing Address:	Phone Number:	Email Address: