

Van Fleet v. Trion Worlds, Inc.
c/o Postlethwaite & Netterville
PO Box 1429
Baton Rouge, LA 70821-1429

**Your Claim Form Must Be Submitted On
Or Before 03/13/2020**

Van Fleet v. Trion Worlds, Inc.

Superior Court of the State of California - County of San Mateo (Case No. CIV 535304)

CLAIM FORM

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE AT WWW.ARCHAGESETTLEMENT.COM.

CLAIMANT INFORMATION (PLEASE PRINT)		
<input type="text"/>	<input type="text"/>	
First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Suffix
<input type="text"/>		
Primary Address (If non-US address, please submit your claim online)		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>		
Current Email Address (Required to Receive Payment)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Phone Number	<input type="checkbox"/>	Check here if you prefer to receive a paper check by mail rather than an electronic payment.

CLAIM ELIGIBILITY INFORMATION
<i>To qualify for payment, you must provide your Claim ID (provided on the class notice) or the Email address associated with your Glyph/Trion Worlds Account. You may also use the online claim filing option available at WWW.ARCHAGESETTLEMENT.COM.</i>
<input type="text"/>
Claim ID (provided on class notice)
<input type="text"/>
Email Address associated with your Glyph/Trion Worlds Account

CERTIFICATION:
I understand that to participate in the Settlement, I must have purchased <i>supply crates</i> or <i>Patron status</i> in the ArcheAge Marketplace before October 22, 2018.
By signing and submitting this Claim Form, I declare that all of the 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.

Signature: _____

Date: / /

FOR MORE INFORMATION, VISIT WWW.ARCHAGESETTLEMENT.COM or CALL 1-844-799-7601

**It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.*