

HIGH 5 GAMES SETTLEMENT CLAIM FORM

This Claim Form must be submitted by **January 4, 2027**. The Claim Form must be signed and meet all conditions of the Settlement Agreement.

The Settlement Administrator will review your Claim Form. Provide all information available to you in order to support the acceptance of your Claim. If your Claim Form is accepted by the Administrator, you will receive a share of the Settlement Fund. This process takes time, please be patient. If you have any questions, visit: www.High5Lawsuit.com.

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

First Name	Last Name	
Mailing Address		
City	State	ZIP Code
Email Address		Phone Number

Check the box for each High 5 Application you played:

☐ High 5 Casino

☐ High 5 Vegas

**Please list the High 5 Player IDs associated with each High 5 Application account.
(Your High 5 Player ID can be found in the Application's settings.)**

Please list your Platform ID, which is your account identifier on the Facebook, Apple, Amazon, or Google platform you used to access the High 5 Application.

Application	High 5 Player IDs (if known)	Platform IDs and associated Platform (e.g., Facebook, Apple, Amazon, Google)
High 5 Casino		
High 5 Vegas		

Please list all email addresses associated with the above High 5 Application accounts:

Please list all email addresses associated with the Facebook, Apple, Amazon, or Google platform from which in-Application purchases of virtual coins were made:

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

Signature: _____ Date: ____/____/____

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

Check One Box	Payment Method	Requested Information
☐	Check	Mailing Address:
☐	Zelle®	Email Address OR Phone Number:
☐	Venmo®	Username OR Phone Number:
☐	ACH Direct Deposit	Name of Bank or Credit Union: _____ ☐ Checking Account ☐ Savings Account Routing Number: _____ Account Number: _____