HIGH 5 GAMES SETTLEMENT CLAIM FORM

This Claim Form must be submitted by **November 13, 2026**. 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: _____