

Claim Form

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**Instructions**

(1) Fill out the Required Information in the Claimant Information section, (2) review the Statement of Eligibility, (3) if the Statement of Eligibility is true, sign the Claim Form, and (4) electronically submit the Claim Form to the Norcia v. Samsung Settlement Administrator, Heffler Claims Group. **Claim Forms must be submitted by [DATE] or you will NOT receive any money and you will lose your right to sue regarding the Released Claims.**

**Claimant Information**

**Required Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Statement of Eligibility**

You are only entitled to receive money from the Settlement if the following statement is true: you purchased one or more 16 GB Galaxy S4 smart phones in the State of California from April 1, 2013 until July 31, 2013.

***End Page Content***

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**Log In Page**

Your Claim Number is the nine-digit number that appears on the top of the Notice you received via email about Samsung.

Where do I find my ID Number? [hyperlink]

Please enter your nine-digit Claim Number in the box below.

If (1) you received notification of this settlement via a notification in the USA Today; OR (2) you do not have a Claim Number; (3) OR if you are unable to log in using your Claim Number, please contact the Settlement Administrator at \_\_\_\_\_ for further information and to request a Claim Form be sent to you.

Claim

Number:

**Return to Home Page**

**Next Step**

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***End Page Content***

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**Claimant Information**

Based on the Claim Number you entered, our records show the following information about you.

Unless you provide updated information in this form in the space provided below, this is the address to which the settlement check will be sent.

Please update this information as needed or enter the information for any boxes that are blank (where required). Required information is shown with an asterisk (\*).

For your privacy, please note that none of the contact information provided on this form will be used for any other purpose by any party other than the distribution of payments from the Settlement Fund.

*First Name:	<<Class Member First Name>>
*Last Name:	<<Class Member Last Name>>
*Company:	<<Class Member Company>>
c/o or Attn:	<<Class Member C/O or Attorney>>
*Address 1:	<<Class Member Address 1>>
Address 2:	<<Class Member Address 2>>
*City:	<<Class Member City>>
*State:	<<Class Member State>>
*Zip Code:	<<Class Member Zip Code >>
Country:	<<Class Member Country >>

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**Please enter your mailing address, if different than above:**

*Address 1:	<<Class Member Address 1>>
Address 2:	<<Class Member Address 2>>
*City:	<<Class Member City>>
*State:	<<Class Member State>>
*Zip Code:	<<Class Member Zip Code >>
Country:	<<Class Member Country >>

**Please enter your telephone number(s), if different than above:**

Daytime Telephone Number"	
Evening Telephone Number:	
Email Address:	

**Next Step**

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*End Page Content*

To complete this Claim Form, please confirm that the statements below are true and click “I Agree” to go to the final page. If the statements below are not true, you are not entitled to a payment and do not need to submit a Claim Form.

I declare, under penalty of perjury of the laws of the United States, that the following statement is true: I purchased one or more 16 GB Galaxy S4 smart phones in the State of California from April 2013 until July 2013.

**Previous Step**

**I Agree**

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Settlement Administrator reserves the right to demand supporting documentation from any Class Member who submits a timely Claim Form.

**YOU ARE NOT DONE YET. PLEASE GO TO THE NEXT PAGE TO CLAIM YOUR BENEFITS.**

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*End Page Content*

*Daniel Norcia et al. v. Samsung Electronics America, Inc. et al.*, Case No. 3:14-582-JD (N.D. Cal.)

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**Online Claim Form**

**Review and Confirm**

**Please review the information below and confirm that it is correct. Click “Previous Step” to go back and correct any of the information. If your information is not correct, you may not receive your settlement check.**

Claim Number:

First name:

Last name:

Company:

Attn or c/o:

Address 1:

Address 2:

City:

State:

Zip Code:

Country:

**WARNING: Your Claim Form has NOT YET BEEN SUBMITTED.**

**You must click the “Submit Claim Form” button below to submit your Claim Form for Processing.**

**Previous Step**

**Submit Claim Form**

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***End Page Content***

*Daniel Norcia et al. v. Samsung Electronics America, Inc. et al.*, Case No. 3:14-582-JD (N.D. Cal.)

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**Your Claim Form has been submitted.**

You have successfully submitted your Claim Form.

To review a printable copy of your claim Form formatted as a PDF file, please click on the “PDF View Form” button below:

Please print the completed Claim Form for your records. Click [here] to return to the Home Page.

This document is formatted as a PDF file, and requires the Adobe Acrobat Reader software. If your system does not have this software, click on the icon below to download it at no charge

**PDF View Form**

**PDF Icon**

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***End Page Content***