



Class Member ID: 3097400000000

MUST BE
POSTMARKED
NO LATER THAN
JUNE 14, 2018

VIRIDIAN ENERGY CLAIM FORM

For Office Use Only

**Submit the Claim Form on the Next Page
to Be Eligible to Receive a Cash or Credit Payment
from the Class Action Settlement Related to
Your Viridian Electricity or Gas Bill**

GENERAL INSTRUCTIONS

TO BE ELIGIBLE TO RECEIVE A PAYMENT, YOU MUST RETURN THE CLAIM FORM SO THAT IT IS SUBMITTED ONLINE OR RECEIVED BY THE SETTLEMENT ADMINISTRATOR NO LATER THAN JUNE 14, 2018.

NOTE: IF YOU'VE HAD MORE THAN ONE VIRIDIAN ENERGY VARIABLE RATE ACCOUNT, YOU MAY HAVE RECEIVED A SEPARATE EMAIL AND/OR POSTCARD NOTICE FOR THOSE ACCOUNTS. YOU MUST FILE A SEPARATE CLAIM FOR EACH EMAIL AND/OR POSTCARD NOTICE YOU RECEIVED. IF YOU HAVE QUESTIONS PLEASE CALL 1-844-491-5745.

SUBMIT BY JUNE 14, 2018

ONLINE AT:
www.VariableRateSettlement.com

OR

MAIL TO:
Sanborn v. Viridian Energy
Settlement Administrator
PO Box 42779
Philadelphia, PA 19101-2779



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VIRIDIAN ENERGY CLAIM FORM

You Must Fill Out This Form Online at www.VariableRateSettlement.com,
or Mail This Form to the Settlement Administrator to Receive a Benefit

Name:	_____	_____	_____
	<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>
Street Address:	_____		
City:	_____		
State:	____	Zip Code:	_____ - _____ (zip4 optional)
Email:	_____ @ _____ . _____		
Daytime Phone:	(_____) - _____ - _____		
Evening Phone:	(_____) - _____ - _____		

Class Member identifier: _____

(If you received a postcard notice in the mail, your Class Member Identifier is located on the front of the postcard. If you received an email notice, your Class Member Identifier is at the top of the email. If you cannot find your Class Member identifier contact the Settlement Administrator at 1-844-491-5745.)

I choose the following benefit (pick one):

cash benefit option

billing credit option

Please note that, if you select, but do not qualify for the billing credit option, you will be deemed to have selected the cash benefit option.

I hereby certify under penalty of perjury that the information I am submitting with this Claim Form is true and correct to the best of my knowledge.

SIGNATURE:	_____
DATED:	____ / ____ / _____



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