Your form must be submitted online or postmarked by: July 2, 2025

CLAIM FORM

Lopez, et al. v. Apple Inc. Case No. 4:19-cv-04577 (N.D. Cal.)

LVA

GENERAL INSTRUCTIONS

Please read these instructions and the Notice of Proposed Class Action Settlement ("Full Class Notice") carefully and then select either the Electronic Claim Form or Printed Claim Form option at the bottom of the page. If you need assistance completing a Claim Form, if you are unable to submit the required information as described below, or if you have any questions, you should call 1-888-981-4106 or email info@LopezVoiceAssistantSettlement.com the Settlement Administrator for further instructions. Refer back to the Notice and the Settlement Agreement, which can be found online at www.LopezVoiceAssistantSettlement.com, for more information about the Settlement.

Deadline and Submission Method. Claim Forms must be either:

- (1) submitted online by no later than 11:59 p.m. Pacific Time on July 2, 2025; or
- (2) postmarked and mailed to the Settlement Administrator by **July 2, 2025**, to P.O. Box 6609, 614 Cranbury Rd, East Brunswick, NJ 08816.

<u>Eligibility</u>. The Settlement will provide a cash payment if you are a current or former owner or purchaser of a Siri Device, who resides in the United States or its territories, whose confidential or private communications were obtained by Apple and/or were shared with third parties as a result of an unintended Siri activation between September 17, 2014 to December 31, 2024.

The Settlement Class excludes Apple; any entity in which Apple has a controlling interest; Apple's directors, officers, and employees; Apple's legal representatives, successors, and assigns. Also excluded from the Settlement Class are all judicial officers assigned to this case as well as their staff and immediate families.

"Siri Device" means a Siri-enabled iPhone, iPad, Apple Watch, MacBook, iMac, HomePod, iPod touch, or Apple TV.

You may submit claims for up to five Siri Devices on which you claim to have experienced an unintended Siri activation during a conversation intended to be confidential or private. Claims must be submitted by a Settlement Class Member. Except for claims submitted by an authorized individual on behalf of a Settlement Class Member that is a minor, claims submitted by people or entities other than the Settlement Class Member will be rejected without opportunity to provide additional information or challenge the Settlement Administrator's determination.

If eligible, you will receive a *pro rata* portion of the Net Settlement Amount up to a cap of \$20 per Siri Device. This amount will increase or decrease *pro rata* depending on the total number of valid claims submitted, and Siri Device(s) claimed.

Unless you request exclusion from the Settlement Class as explained in the Class Notice, you will be bound by the Settlement Agreement and Release and the Final Judgment even if you do not submit the Claim Form. If you requested exclusion from the Settlement Class, you are not eligible to receive a cash payment unless you withdraw your request for exclusion by **July 2, 2025**.

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You must fill out and submit a complete and accurate Claim Form using one of the submission methods by **July 2, 2025**. If you received an email or postcard notice from the Settlement Administrator about the Settlement, please enter the Claimant Identification Code and the Confirmation Code from the email or postcard notice on the Claim Form and the number of devices for which you are claiming in Section II. CLAIM INFORMATION. If you did not receive a Claimant Identification Code and the Confirmation Code from the Settlement Administrator but believe that you are eligible to participate in this Settlement, please provide the requested information in Section III. PURCHASE INFORMATION concerning the Siri Device(s) to be included in your claim.

If your Claim Form is incomplete, contains false information, or is not submitted by the deadline, your claim will be rejected, and you will waive all rights to receive a payment under this Settlement. The Settlement Administrator may contact you to request more information to verify your claim. The information you provide will be treated as confidential and used for the purpose of this Settlement only.

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I. NAME AND CONTACT INFORMATION

The Settlement Administrator will use this information for all communications relevant to this Claim Form. Note that the First and Last Name must match the information connected to the email address associated with the Siri Device(s) for which you are making a claim.

If your contact information changes after the submission of this form, please notify the Settlement Administrator in writing.

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form. First Name Last Name **Street Address** City Zip Code State **Email Address** II. CLAIM INFORMATION Please provide the Claimant Identification Code and Confirmation Code that you received. If you have a Claimant Identification Code and Confirmation Code, you must provide that information below. Once you have completed this Section, you can then skip to Section IV. You do not need to complete Section III. A. Claimant Identification Code: Confirmation Code: Please indicate the number of Siri Devices for which you are submitting this Claim. A "Siri Device" means an iPhone, iPad, Apple Watch, MacBook, iMac, HomePod, iPod touch, or Apple TV, which you have enabled to use Siri, and purchased or owned between September 17, 2014 and December 31, 2024. There is a limit of 5 devices that can be claimed. If you did not receive a Claimant Identification and Confirmation Code from the Settlement Administrator but believe that you are eligible to participate in this Settlement, please proceed to Section III. PURCHASE INFORMATION and provide the requested information. # of Devices (up to 5):

Return your completed Claim Form to:

Lopez Voice Assistant Settlement Administrator, P.O. Box 6609, 614 Cranbury Rd, East Brunswick, NJ 08816

Your form must be submitted online or postmarked by:
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III. PURCHASE INFORMATION

If you do not have a Claiman	t Identification Code and	d Confirmation Code,	, please provide your	email address
associated with the Siri Devi	ce(s) for which you are r	naking a claim:		

_				
	Email Address:			

If you do not have a Claimant Identification Code and Confirmation Code, you may submit claims for up to <u>five</u> Siri Devices, but you must provide the information in the chart below for each Siri Device you are submitting a claim for.

If you have proof of purchase for a device (e.g., a receipt or invoice) you may upload it or attach it to the Claim Form and do not need to fill out any other information for that device.

If you have the serial number, please provide the serial number for that device and the model name (i.e., iPhone X).

No.	Check here if you are providing proof of purchase. If you provide proof of purchase, you do not need to complete anything else in this chart for that Siri Device.	Serial Number	Model
1.			
2.			
3.			
4.			
5.			

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IV. PAYMENT SELECTION
Please select <u>one</u> of the following payment options:
Digital Check (Enter Email Address)
Check (Mailed to the address in Section I of this form)
Note: If you prefer to receive your payment via direct deposit, please complete the form online.
V. ATTESTATIONS AND DECLARATION
For each Siri Device that you are submitting a claim, you are required to attest under penalty of perjury to each of th following statements as true. Please confirm by putting a check mark in the boxes provided:
I attest that I purchased or owned the Siri Device(s) above, reside in the United States or its territories, and enabled Siri on that device/those devices;
☐ I attest that I experienced at least one unintended Siri activation;
I attest that at least one of the unintended Siri activations that I experienced occurred during a conversation intended to be confidential or private.
BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THI UNITED STATES OF AMERICA THAT ALL THE INFORMATION PROVIDED BY ME ON THIS CLAIN FORM IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTANI THAT MY CLAIM IS SUBJECT TO AUDIT, REVIEW, AND VALIDATION USING ALL AVAILABLI INFORMATION.
Signature of Claimant Print Name of Claimant Date
REMINDER: YOUR SETTLEMENT CLAIM FORM MUST BE SUBMITTED ONLINE BY 11:59 P.M. PACIFIC TIME ON JULY 2, 2025 <u>OR</u> POSTMARKED AND MAILED NO LATER THAN JULY 2, 2025

Lopez Voice Assistant Settlement Administrator P.O. Box 6609 614 Cranbury Rd East Brunswick, NJ 08816

Return your completed Claim Form to: Lopez Voice Assistant Settlement Administrator, P.O. Box 6609, 614 Cranbury Rd, East Brunswick, NJ 08816