

# Exhibit D



Your claim must be submitted online or postmarked by: **Month XX, 2026**

**SETTLEMENT CLAIM FORM**

*A.B., et al., v. Google LLC, et al.*  
*Case: 5:23-cv-03101*

United States District Court for the Northern District of California



**GENERAL INSTRUCTIONS**

You must submit a valid Settlement Claim Form by **Month XX, 2026** to be eligible to receive a payment from this Settlement. The payment amount will be determined by the number of valid claims submitted (a *pro rata* distribution).

Settlement Claim Forms may be submitted electronically on the Settlement Website ([www.\[website\].com](http://www.[website].com)) by 11:59 p.m. or by mail using this form postmarked by **Month XX, 2026**. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, by U.S. Mail, to:

*A.B., et al., v. Google LLC, et al., Case: 5:23-cv-03101*  
c/o Kroll Settlement Administration LLC  
P.O. Box **XXXX**  
New York, NY 10150-**XXXX**

**If you are under 18 as of Month XX, 2026, this Claim Form must be submitted by a parent or legal guardian on your behalf.**

Each Settlement Class Member will have the opportunity to submit one claim. Settlement Claim Forms must be submitted by Settlement Class Members or a parent or legal guardian. No Settlement Claim Forms from third parties will be accepted.

**I. PAYMENT SELECTION**

If you would like to receive your payment through electronic transfer, please visit the Settlement Website ([www.\[website\].com](http://www.[website].com)) and timely file your Settlement Claim Form online by 11:59 p.m. PT on **Month XX, 2026**. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

Settlement Class Members who submit this Settlement Claim Form by U.S. Mail will receive a mailed check.

**II. REQUIRED INFORMATION**

Provide the name and contact information of the Settlement Class Member below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Address 1**

\_\_\_\_\_  
**Address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Birth Date of Settlement Class Member:** \_\_\_\_\_  
**MM/YYYY**



Check the box below to attest that you are a Settlement Class Member (or that the minor you represent is a Settlement Class Member).

I used an app from Google Play between April 1, 2016 to the present.

**III. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of my State that the information I have supplied in this Settlement Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

\_\_\_\_\_  
Signature of Class Member

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if Settlement Class Member is under 18)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name

**Reminder Checklist:**

If your address changes or you need to make a future correction/update to the address you provide on this Settlement Claim Form, please visit the "Contact Us" section of the Settlement Website at [www.\[website\].com](http://www.[website].com) and provide your updated address information.

For more information, visit [www.\[website\].com](http://www.[website].com) or call the Settlement Administrator at **(xxx) xxx-xxxx**.