

Exhibit E



<p>YOUR CLAIM FORM MUST BE SUBMITTED ON OR BEFORE <CLAIM DEADLINE></p>	<p><named Plaintiff> v GoodRx Holdings, Inc c/o Kroll Settlement Administration LLC PO Box XXXX New York, NY 10150-XXXX</p>	<p>FOR OFFICE USE ONLY</p>
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Named Plaintiffs v. GoodRx Holdings, Inc. Pixel Settlement

U.S. District Court for the Southern District of Florida (Case No. x:23-cv-xxxx)

CLAIM FORM

**SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT
www.xxxxxxxxxxxxxxxxxxxxxxx.com**

GENERAL CLAIM FORM INFORMATION

You may complete and submit a claim online or by mail if you resided in the United States and used any website, app, or service made available by or through GoodRx Holdings, Inc. (“GoodRx”) between <<date>>, and <<date>> (the “Settlement Class”).

The Email Notice emailed to the Settlement Class Members summarizes your legal rights and options. Please visit the official Settlement Website, www.xxxxxxxxxxxxxxxxxxxxxxx.com, or call (XXX) XXX-XXXX for more information.

If you wish to submit a claim for Settlement benefits, please provide the information requested below. You must submit your claim online by the Claim Deadline of **<Claim Deadline>**, or complete and mail this Claim Form to the Settlement Administrator, postmarked by **<Claim Deadline>**.

TO SUBMIT A CLAIM FOR PAYMENT:

1. Complete all sections of this Claim Form.
2. Sign the Claim Form.
3. Submit the completed Claim Form to the Settlement Administrator so that it is postmarked by **<Claim Deadline>**.

This Claim Form should only be used if a claim is being mailed and is not being filed online. You may go to www.xxxxxxxxxxxxxxxxxxxxxxx.com to submit your claim online, or you may submit this Claim Form by mail to the address at the top of this form. Note that postage to send the Claim Form by mail is not pre-paid.

Payment will be mailed in the form of a check to the address you provide below. If you would like to receive a payment electronically (e.g., Venmo, PayPal, or ACH) you must submit a Claim Form online at www.xxxxxxxxxxxxxxxxxxxxxxx.com.



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1. **SETTLEMENT CLASS MEMBER INFORMATION**

*First Name MI *Last Name

*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

*City *State *Zip Code Zip4 (Optional)

*Current Email Address @

(_____) _____ - _____
Current Phone Number (Optional)

*Class Member ID: **00000** _____

*Class Member ID: Your Class Member ID can be found on the Email Notice you received informing you about this Settlement. If you need additional help locating this Class Member ID, please contact the Settlement Administrator at **(xxx) xxx-xxxx**.

2. **PAYMENT ELIGIBILITY INFORMATION AND ATTESTATION**

Please review the Long-Form Notice and Frequently Asked Questions located on the Settlement Website, **www.xxxxxxxxxxxxxxxxxx.com**, for more information on who is eligible for a cash payment under the Settlement. Please provide as much information as you can to help us figure out if you are entitled to a Settlement cash payment.

Settlement Class Members who file a valid Claim Form will be eligible to receive a *pro rata* cash payment from the Net Settlement Fund. Settlement Class Members will receive, at most, one (1) payment.

I attest that I resided in the United States and used any website, app, or service made available by or through GoodRx at least once between **<date>**, and **<date>**



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3. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury, under the laws of the United States and the state where this Claim Form is signed, that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information before my claim will be considered complete and valid.

Signature

____/____/_____
Date (mm/dd/yyyy)

Printed Name

Please keep a copy of your completed Claim Form for your records.

Mail your completed Claim Form to the Settlement Administrator:

<named Plaintiff> v GoodRx Holdings, Inc

c/o Kroll Settlement Administration LLC

PO Box XXXX

New York, NY 10150-XXXX

or submit your Claim online at

www.XXXXXXXXXXXXXX.com

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your claim. You can update your contact information on the Contact page at

www.xxxxxxxxxxxxxxxxxx.com.