

Exhibit F

If you select the option to receive a physical check and your claim is determined to be valid, the settlement payment will be mailed to the mailing address provided on your claim submission.

PART THREE: ATTESTATION

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form is true and correct to the best of my knowledge. I affirm that I accessed LA Times online via website or mobile app in California between January 31, 2023 and [Date].

I understand that my Claim Form may be subject to audit, verification, and review and that if it is incomplete, untimely, or contains false information, it may be rejected.

SIGNATURE

DATE - -
 MM DD YYYY

Please keep a copy of your Claim Form for your records