

CLAIM FORM: California Sub-Class

April Nguyen v. Outerwall, Inc., Civil Action No. 5:16-cv-00611-LS
Brett Boyer v. Outerwall, Inc., Civil Action No. 2:17-cv-00853

**IT IS IMPORTANT THAT YOU REVIEW THE ACCOMPANYING INSTRUCTIONS
BEFORE YOU BEGIN FILLING OUT THIS CLAIM FORM**

**FOR YOUR CLAIM TO BE CONSIDERED, YOU MUST COMPLETE THE FORM
AND SUBMIT IT ON-LINE BY DECEMBER 1, 2017 OR BY MAIL POST-MARKED NO
LATER THAN DECEMBER 1, 2017.**

**You may submit this form on-line at the settlement website
www.coinstarkiosksettlement.com. Go to the “Submit Claim Form Online” function on the
settlement website and follow the instructions that appear.**

**You may also submit this form by mail by filling out the form, signing it at the bottom, and
mailing it to:**

Nguyen v. Outerwall Inc.
Claims Administrator
P.O. Box 71
Tallahassee, FL 32302-0071
Toll-Free: (855) 928-2272
Fax: (850) 385-6008
Email: staff@settlementservicesinc.com

**YOU MUST COMPLETE THE ENTIRE CLAIM FORM AND SIGN IT UNDER PENALTY
OF PERJURY OR YOUR CLAIM MAY BE DENIED**

1. Full Name	
2. Current Address	
3. Email Address	
4. Home Telephone Number	
5. Day Time Telephone Number	
6. Social Security Number	
7. Age	

To have a valid claim, you must, while in California, have been Legally Blind and, between February 8, 2013 and July 14, 2017:

Attempted but were unable to access *or* were deterred from accessing products or services available at Coinstar Kiosks in California.

For the following questions, numbers 8, 9 and 10, please answer “yes” or “no.”

8. Have you been legally blind at any time between February 8, 2013 and July 14, 2017?

YES_____

NO_____

For the purpose of this claims process, Legally Blind individuals include all persons with visual impairments who require the use of alternative techniques to accomplish tasks for which people without disabilities use sight. Some people who meet this definition have limited vision. Others have no vision.

For the purposes of this claims process, a Coinstar Kiosk means a Coinstar-branded coin-counting machine that is available at a retail location in the state of California.

9. Did you attempt to use services at a Coinstar Kiosk in California but were unable to access services between February 8, 2013 and July 14, 2017?

YES_____

NO_____

10. Between February 8, 2013 and July 14, 2017, were you deterred from accessing products or services at a Coinstar Kiosk in California? Deterrence includes being unable to independently use the Coinstar Kiosk during the above-referenced time period.

YES_____

NO_____

11. Please list the approximate date or dates that you attempted to use services at a Coinstar Kiosk in California or were deterred from accessing products or services at a Coinstar Kiosk in California.

Date(s): _____

I recognize that by submitting this claim either on-line or by mail, I am affirming under penalty of perjury that the information set forth in my claim is true and correct to the best of my knowledge and belief. Furthermore, by submitting this claim either on-line or by

mail, I agree to waive any rights or causes of action arising from the disclosure of information provided herein.

If you are under the age of 18 or submitting this form through a representative, please complete the section below. If not, please sign and date below and submit to the Claims Administrator.

Signature Date

If claimant is under age 18:

Name of Parent or Legal Guardian: _____

Address of Parent or Legal Guardian, if different from Claimant's:

Day Time Telephone Number of Parent or Legal Guardian, if different from Claimant's:

Signature of Parent or Legal Guardian Date

If a Designated Representative completed the form on behalf of a Claimant:

Name of Designated Representative: _____

Address of Designated Representative:

Day Time Telephone Number of Designated Representative:

Signature of Designated Representative Date