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Must Be Received No  
Later Than  
**January 21, 2020**

*Jurich v. Verde Energy USA, Inc.*  
Docket No. X07-HHDCV15-6060160-S

For Office Use  
Only

# Claim Form

## IMPORTANT LEGAL MATERIALS

### GENERAL INSTRUCTIONS

**Settlement Class Members who seek payment from the Settlement must timely complete and return this Claim Form.** Completed Claim Forms must be mailed to: Jurich v. Verde Energy, c/o Settlement Administrator, PO Box 58907, Philadelphia, PA 19102-8907 or can be submitted online via the Settlement Website, [www.JurichVariableRateSettlement.com](http://www.JurichVariableRateSettlement.com). **Claim Forms must be RECEIVED BY, OR SUBMITTED ONLINE TO, THE SETTLEMENT ADMINISTRATOR BY NO LATER THAN January 21, 2020 at 11:59 pm, Eastern Standard Time.**

Before you complete and submit this Claim Form, you should read and be familiar with the Long-Form Notice for the proposed Settlement available at [www.JurichVariableRateSettlement.com](http://www.JurichVariableRateSettlement.com). Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the release(s) included as a material term of the Settlement. If you submit a Valid Claim, you may be eligible for a cash Benefit. Your specific Benefit will vary depending upon your amount of Variable Kilowatt Hours purchased from Defendant during the period from December 1, 2009 to September 30, 2016, as well as how many Valid Claims are submitted.

If you fail to submit a timely Claim Form, your Claim will be rejected, and you will be precluded from any recovery under the Settlement. If you are a member of the Settlement Class and you do not timely and validly seek exclusion from the Settlement Class ("Opt-Out"), you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form.

In order to submit a Claim, you must provide the following information:

### PLEASE PRINT OR TYPE

Full Name: \_\_\_\_\_  
First MI Last

Property Address: \_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Unique Settlement Class Member ID: 3 1 0 9 3 \_\_\_\_\_

Verde Customer Account Number: \_\_\_\_\_

Please identify the named account holder for the household:

\_\_\_\_\_  
First MI Last



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**Certification that this Claim Form is True, Correct and Submitted Subject to the Penalty of Perjury**

**I hereby certify under penalty of perjury that:**

1. I have read the Settlement Agreement and agree to its terms, including the release(s);
2. I am/was a named account holder with Verde during the Class Period for property in Connecticut;
3. I have not already received a payment from Verde resolving a claim asserted in the Action;
4. I did not have, nor am I seeking to have, the account balance discharged due to bankruptcy or receivership;
5. I have not filed for an Opt-Out or to be excluded from the Settlement, but instead, hereby waive the right to Opt-Out;
6. I have the legal authority to submit this Claim;
7. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
8. I am neither (a) an officer, director, shareholder, employee, affiliate or legal representative of Defendant; (b) an entity in which Defendant has a controlling interest; (c) a government entity; (d) a Judge to whom this Action is assigned or any member of the Judge’s staff or their immediate family; nor (e) any heir, assigns or successor of any such person or entity in their capacity as such.
9. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim. Any such additional information provided to the Settlement Administrator to support my Claim is an original or a complete and true copy of the original document;
10. I understand that by submitting this Claim Form, I am deemed to have given a complete release of all Released Claims; and
11. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible Claim Forms will be rejected. If a Claim Form is determined not to be a Valid Claim, I understand it will be rejected.

**By signing below, you are submitting to the jurisdiction of the Connecticut Superior Court, Complex Litigation Docket, Hartford, Connecticut.**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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