

CLAIM FORM

DiLorenzo v. Bitdefender Inc., et al.
San Diego County Superior Court
Case No. 37-2019-00066655-CU-BT-CTL

Instructions: This Claim Form is intended for use by potential Class Members who did not receive via email or U.S. Mail a Summary Class Notice that contains information about how to submit a Claim electronically via the Settlement Website, or who prefer to submit a Claim in writing rather than electronically. If you already submitted a Claim via the Settlement Website, you do not need to fill out this form.

If you did not submit a Claim via the Settlement Website, then in order to make a claim under the Settlement, you must fill out this Claim Form completely and return it to the Settlement Administrator.

The deadline for submitting your Claim Form is **April 19, 2021**. Please send your Claim Form by U.S. Mail, personal delivery, or email to the Settlement Administrator:

DiLorenzo v. Bitdefender Inc., et al. Settlement Administrator
CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Email: SoftwareAutoRenewalSettlement@cptgroup.com

If you return the Claim Form via U.S. Mail or a delivery service, it is highly recommended that you use a method by which you can prove the Claim Form was delivered to the Settlement Administrator. The parties, counsel for the parties, and the Settlement Administrator are not responsible for lost or undelivered mail.

Upon receipt of your Claim Form, the Settlement Administrator will determine whether you are a member of the Class based on information provided by Defendants.

CURRENT PERSONAL INFORMATION:

Name (first, middle, last): _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email: _____

FORMER PERSONAL INFORMATION:

If in connection with purchase of software or another product from Bitdefender Inc., Avangate, Inc. d/b/a 2Checkout.com, or any of their respective parent, subsidiary, or affiliated entities between December 16, 2015 and September 16, 2020, you used any **different** name, address, or email address other than as stated above, please enter such different information below:

Name (first, middle, last): _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email: _____

If you received a Summary Class Notice via email or U.S. Mail that has a CPT Identification Number ("CPT ID"), please enter it here: _____.

AFFIRMATION

I affirm that, to the best of my knowledge, while I was a California resident, between December 16, 2015 and September 16, 2020, I purchased software or another product from Bitdefender Inc., Avangate, Inc. d/b/a 2Checkout.com, or any of their respective parent, subsidiary, or affiliated entities, and received an automatic renewal offer or continuous service offer.

Date: _____

Signature: _____