

<<refnum barcode>>

Class Member ID: <<refnum>>

Katherine Veilleux, et al. v. Electricity Maine, LLC, et al.

Case No: 1:16-cv-571-LEW

CLAIM FORM

IMPORTANT LEGAL MATERIALS

CLAIM FORM

GENERAL INSTRUCTIONS

Settlement Class Members who seek payment from the Settlement must timely complete and return this Claim Form or submit a claim online through the Claims Portal. Completed Claim Forms must be mailed to the Settlement Administrator at P.O. Box 34727, Philadelphia, PA 19101-4727. You may submit a claim through the Claims Portal at www.VeilleuxSettlement.com. **Claim Forms and online claim submissions must be RECEIVED BY, OR SUBMITTED ONLINE TO, THE SETTLEMENT ADMINISTRATOR BY NO LATER THAN SEPTEMBER 10, 2020 at 11:59 pm, Eastern Time.**

Before you complete and submit this Claim Form, you should read and be familiar with the Long-Form Notice for the proposed Settlement enclosed with this Claim Form and also available at www.VeilleuxSettlement.com. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release 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 be calculated based upon your amount of kilowatt hours purchased from Electricity Maine during the period from January 1, 2011 through and including November 30, 2019, 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 receive an electronic payment, you MUST submit your claim through the Claims Portal at www.VeilleuxSettlement.com.

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

PLEASE PRINT OR TYPE

First Name MI Last Name

Current Mailing Address

City State ZipCode Zip4 (optional)

Email Address: _____@_____

Settlement Class Member
Unique Identification Code: <<refnum>>

Please identify the named account holder for the household: _____



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;
2. I am, or was, a named account holder with Electricity Maine, LLC during the Class Period;
3. I have not already received a payment from Electricity Maine, LLC 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 to Opt-Out or otherwise sought to be excluded from the Settlement, but instead, hereby waive the right to Opt-Out and agree to be bound by the Settlement;
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 not a person or entity excluded from the Settlement Class as defined in the Settlement Agreement including any of the following: (a) the Defendants; (b) officers, directors, shareholders, and employees of Defendants; (c) parents, subsidiaries, and affiliates of any Defendant; (d) any entity in which a Defendant has a controlling interest; (e) any attorneys representing Defendants in this Action, and their employees; (f) any judge to whom the Action is currently assigned or was previously assigned, and their staff; (g) Plaintiffs' counsel and their employees; and (h) any heirs, immediate family members, successors, and assigns of all such persons.
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 Claims 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 United States District Court for the District of Maine.

Signature: _____

Date: ____ / ____ / ____
mm/dd/yyyy