

CLAIM FORM

Before completing this form, it is important that you review the **Notice of Proposed Class Action Settlements, Final Approval Hearing and Class Members' Rights** ("Notice"), and the Settlement Agreements between Plaintiffs and Flurry LLC, Google LLC, and Flo Health, Inc., which are available on the case website, www.PeriodTrackerDataPrivacyLitigation.com.

To be timely, you must submit a Claim **online on the website www.PeriodTrackerDataPrivacyLitigation.com by no later than 11:59 p.m. Pacific Time on October 15, 2026, OR complete, postmark and mail this form to the Settlement Administrator no later than October 15, 2026.**

I. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications relevant to this Claim Form and may use it in connection with anything related to this case. If your information changes after you submit this form, please notify the Settlement Administrator in writing. Otherwise, you may not receive your payment.

First Name

Last Name

Street Address (no P.O. Boxes)

City

State

Zip Code

Email Address

Phone Number

II. PROOF OF CALIFORNIA RESIDENCY

If you lived in California during the Class Period (November 1, 2016, through and including February 28, 2019), please complete the information below. Because of California's data protection laws, Authorized Claimants who prove they lived in California during the Class Period and used the Flo Period and Ovulation Tracker App ("Flo App") while in California during the Class Period are eligible to receive a greater *pro rata* (or proportional) share of the Settlements than Authorized Claimants who lived in other states.

At any time between November 1, 2016 and February 28, 2019, I lived in the state of California and entered menstruation and/or pregnancy information into the Flo App during that time.¹

If the Settlement Administrator is unable to verify your California residency, it may contact you for additional information. If you are not eligible to receive a payment as part of the California Subclass, you will still receive a standard share if you are an Authorized Claimant.

¹ By checking the box above, I acknowledge and consent to address verification solely for the purpose of verifying the state where I lived. This verification may be conducted through secure third-party validation services, and any addresses obtained or used for verification purposes will not be stored, shared, or used for any other purpose beyond the compliance and verification requirements in this case.

If you were a California resident, you may be eligible for an additional payment related to a verdict against Meta arising from this litigation. If you are eligible to receive money from that verdict, you will be contacted at a later time.

III. PAYMENT METHOD AND NOTIFICATIONS

All information about payments will be sent to you digitally via email. When you receive the email and/or mobile phone text notifying you of your payment, you will be provided with a number of digital payment options, such as PayPal, Venmo, Apple Pay, Amazon, or direct deposit, to immediately receive your payment. The email and/or text will also give you the option to request a paper check.

By submitting this Claim, you agree to receive automated emails and/or text messages from the Settlement Administrator at the email and/or phone number you have provided regarding anything related to this case. Submission of this Claim Form does not guarantee payment. Your Claim must be approved by the Settlement Administrator. If you are unable to submit the required information as described below or have any questions, you should email the Settlement Administrator for further instructions.

IV. ACKNOWLEDGMENT AND CERTIFICATION

Submitting false information will render this Claim invalid.

At any time between November 1, 2016 and February 28, 2019, I lived in the United States and entered menstruation and/or pregnancy information into the Flo App during that time.

By signing below, I acknowledge that I understand and agree to be bound by the terms of each Settlement, the Notices, and this Claim Form, including the Releases provided for in the Settlements.

I DECLARE (OR CERTIFY, VERIFY, OR STATE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION PROVIDED BY ME ON THIS CLAIM FORM IS TRUE AND CORRECT.

Executed on this date: _____

MM/DD/YY

Signature of Claimant

Print Name of Claimant

REMINDER: YOUR CLAIM FORM MUST BE SUBMITTED ONLINE BY 11:59 P.M. PT ON OCTOBER 15, 2026 OR BE POSTMARKED AND MAILED NO LATER THAN OCTOBER 15, 2026 TO:

Period Tracker Data Privacy Litigation
c/o A.B. Data
P.O. Box 173126
Milwaukee, WI 53217

QUESTIONS? Please visit www.PeriodTrackerDataPrivacyLitigation.com or email info@PeriodTrackerDataPrivacyLitigation.com.