

**Must be  
Postmarked  
No Later Than  
July 19, 2019**

Lithium Batteries Indirect Purchaser Settlements  
c/o Epiq  
PO Box 10194  
Dublin, OH 43017-3194

**ION**



Claim Number:

Control Number:

**Bought a Portable Computer, Mobile or  
Smart Phone, Power Tool, Camera,  
Camcorder, Digital Audio Player, or  
Replacement Battery?**

**In re Lithium Ion Batteries Antitrust Litigation – All Indirect Purchaser Actions**

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
Case No. 13-MD-02420 YGR (DMR), MDL No. 2420**

**CLAIM FORM**

**Must be Submitted Online or Postmarked No Later Than July 19, 2019.**

**GENERAL INSTRUCTIONS**

To receive a settlement payment, you must accurately complete this Claim Form and submit it by July 19, 2019. Claim Forms may be submitted online at [www.reversethecharge.com](http://www.reversethecharge.com) or mailed to the Claims Administrator at Lithium Batteries Indirect Purchaser Settlements, c/o Epiq, PO Box 10194 Dublin, OH 43017-3194. Go to [www.reversethecharge.com](http://www.reversethecharge.com) to learn more about the settlements, your rights, and how claims will be calculated and paid.

This Claim Form should be submitted only if, as a resident of the United States and during the period from January 1, 2000 through May 31, 2011, you purchased new for your own use and not for resale one of the following products which contained a lithium-ion battery: laptop PCs; notebook PCs; netbook computers; tablet computers; mobile phones; smart phones; cameras; camcorders; digital video cameras; digital audio players; power tools; or a replacement battery for any of these products. The product must have been purchased from someone other than the manufacturer, such as a retail store.

You do not need to submit proof of your purchase(s) with your Claim Form. For questions about completing or submitting your claim, call the Claims Administrator at (855) 730-8645.



**PART 1: CLAIMANT INFORMATION**

Please fill in the appropriate circle to indicate whether you are an Individual  or a Business

First Name:

M.I.:

Last Name:

[Grid for First Name, M.I., and Last Name]

Business Name:

[Grid for Business Name]

Person To Contact If There Are Questions Regarding This Claim:

[Grid for Person To Contact]

Primary Address:

[Grid for Primary Address]

Primary Address Continued:

[Grid for Primary Address Continued]

City:

State:

Zip:

[Grid for City, State, and Zip]

Foreign Province:

Foreign Postal Code:

Foreign Country Name/Abbreviation:

[Grid for Foreign Province, Postal Code, and Country Name]

Email Address:

[Grid for Email Address]

**For Businesses Only:**

Businesses must provide the following:

Taxpayer Identification Number:

[Grid for Taxpayer Identification Number]

Select the Employee Size of Business:  1-10  11-50  50 plus



## PART 2: PURCHASE INFORMATION

For questions about completing or submitting your claim, call the Claims Administrator at 1 (855) 730-8645.

Provide the total number of products containing a lithium-ion battery or a replacement battery for one of those products purchased between January 1, 2000 and May 31, 2011. For example, if you bought 3 laptop PCs, write "3" in the corresponding space.

Product Type	Number Purchased	State of Residence at Time of Purchase
Laptop PC (or replacement battery for Laptop PC)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Notebook PC (or replacement battery for Notebook PC)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Netbook Computer (or replacement battery for Netbook Computer)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Tablet Computer (or replacement battery for Tablet Computer)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Mobile Phone (or replacement battery for Mobile Phone)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Smart Phone (or replacement battery for Smart Phone)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Camera (or replacement battery for Camera)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Camcorder (or replacement battery for Camcorder)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Digital Video Camera (or replacement battery for Digital Video Camera)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Digital Audio Player (or replacement battery for Digital Audio Player)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Power Tool (or replacement battery for Power Tool)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

## PART 3: SIGN AND DATE CLAIM FORM

By signing below, I (we) affirm that the information provided in this Claim Form is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (if you are filling out this form for a business)

## REMINDER LIST

Please make sure that you:

1. Sign and date the Claim Form;
2. Keep a copy of the completed Claim Form for your records;
3. Retain your proof of purchase documentation until your claim is closed. You will be notified if you are required to provide this Documentation; and
4. Submit your Claim Form no later than July 19, 2019, online at [www.reversethecharge.com](http://www.reversethecharge.com) or by mail to Lithium Batteries Indirect Purchaser Settlements, c/o Epiq, PO Box 10194, Dublin, OH 43017-3194. If you desire an acknowledgment of receipt of your claim form please send it Certified Mail, Return Receipt Requested.

**Claim Forms must be electronically submitted no later than July 19, 2019  
or postmarked no later than July 19, 2019.**

Questions? Visit [www.reversethecharge.com](http://www.reversethecharge.com) or call, toll-free, 1 (855) 730-8645