3098800000000

Class Member ID: 3098800000000

MUST BE SUBMITTED NO LATER THAN **OCTOBER 29, 2018**

CLAIM FORM

MGM INACTIVITY FEE SETTLEMENT CLAIM FORM

For Office Use Only

Instructions. Fill out each section of this form and sign where indicated.

Name: _____ _____ _____
First Name *M.I.* *Last Name*

Street Address: _____

City: _____

State: ____ ____ **Zip Code:** ___ ___ ___ ___ ___ - ___ ___ ___ ___ (zip4 optional)

Email Address (optional): _____ @ _____ . _____

Telephone Number: (___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___ **(You may be contacted if further information is required.)**

YOUR CLAIM FORM MUST BE SUBMITTED, POSTMARKED BY OCTOBER 29, 2018 AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

MGM Inactivity Fee Settlement
c/o Settlement Administrator
PO Box 58608
Philadelphia, PA 19102-8608

Class Member Verification: By submitting this claim form and checking the boxes below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

☐ I purchased a MGM Gift Card and was charged an inactivity fee after 12 months of non-use from the date presented on the MGM Gift Card and was a United States resident between October 24, 2010 and July 31, 2018.

☐ All information provided in this Claim Form is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

PRINTED NAME: _____

DATED: ___ ___ / ___ ___ / ___ ___ ___ ___