

**EXHIBIT 5**

**CLAIM FORM**

**FRALEY V. FACEBOOK, INC., CLAIM FORM**

United States District Court for the Northern District of California

Case No. 11-cv-01726-RS

Settlement Website: www.[xxx].com

Questions about completing the claim form? Contact [settlementadministrator@website.com]

**CLAIM FORMS MUST BE SUBMITTED NO LATER THAN [MONTH] [DAY], [YEAR] AT 11:59 P.M. (PACIFIC).**

*Persons who submit a claim form may be included as a member of the class described on the website referenced above and may be entitled to a payment of up to \$10. If a claimant also submits a request for exclusion from the class and settlement, the request for exclusion will be ignored.*

**1. CONTACT INFORMATION.** (Please legibly print or type the following information)

Name (first, middle, and last): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_

(Your contact information will be used by the administrator of this settlement, the Garden City Group, Inc. ("GCG" or "Settlement Administrator") to contact you, if necessary, about your claim. Providing your telephone number is optional. By providing contact information, you agree that GCG may contact you about your claim.)

**2. INFORMATION TO MAKE A CLAIM FOR YOURSELF OR YOUR CHILD.** (Please legibly print or type the following information)

Email address associated with the your (or your child's) Facebook account (if different from above):

\_\_\_\_\_

The name associated with the your (or your child's) Facebook account (if different from above):

\_\_\_\_\_

User ID or Username<sup>1</sup> for your (or your child's) Facebook account: \_\_\_\_\_

Class Member Number listed on the notice you (or your child) received: \_\_\_\_\_

(If you did not receive an email notice about this settlement or no longer have access to that document, you may leave blank the item immediately above calling for your Class Member Number.)

**YOUR PERSONAL INFORMATION WILL BE USED ONLY IN CONNECTION WITH THIS SETTLEMENT AGREEMENT AND IN ORDER TO PROCESS YOUR CLAIM. YOUR INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE.**

<sup>1</sup> To confirm your (or your child's) User ID or Username, log into the claimant's Facebook account and navigate to the profile page by clicking on the claimant's name. The portion of the URL (web address) shown after "[www.facebook.com/](http://www.facebook.com/)" is the claimant's User ID or Username.

**3. ELECTION OF PAYMENT FORMAT (CHOOSE ONE).**

If any payment is made, I wish to receive it electronically, by ACH (Automated Clearing House).

Please provide:

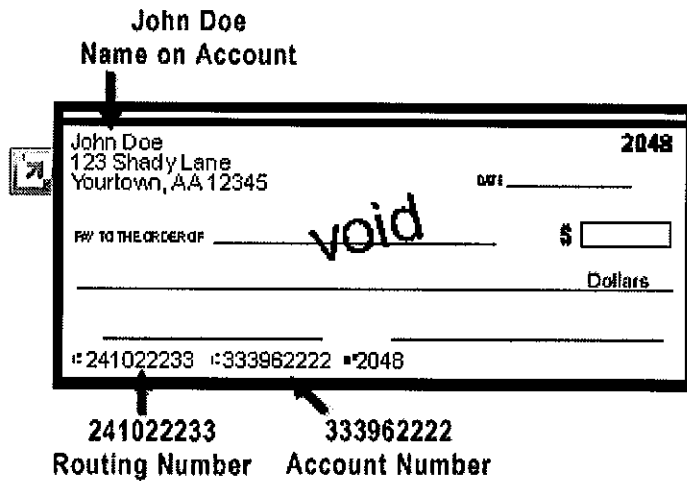
Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Name on Account (if different from above): \_\_\_\_\_

The illustration below is to help you identify your Routing and Account Number. If you still are unsure which number on your check is which, please contact your financial institution.



If any payment is made, instead of receiving payment electronically by ACH, I wish to receive payment by a paper check sent to the name listed above at the address listed above.

**4. ATTESTATIONS.**

**IN ORDER TO QUALIFY FOR POSSIBLE PAYMENT, YOU MUST BE ABLE TO MAKE THE DECLARATIONS BELOW, UNDER THE PENALTY OF PERJURY.**

**I declare the following:**

1. I understand that a story about some action I took on Facebook (such as liking a page, checking in at a location, or sharing a link), along with my name and/or profile picture, may have been displayed in a Sponsored Story shown to my Facebook Friends who were authorized by me to see that action.
2. I was not aware that Facebook could be paid a fee for displaying actions such as these, along with my name and/or profile picture, to my Facebook Friends.
3. If my name and/or profile picture was displayed in a Sponsored Story, I believe I was injured by that display.
4. I am submitting only one claim form, regardless of how many Facebook accounts I have.
5. I understand that I am releasing all claims that I have against Facebook and all other "Released Parties" as set forth in Section 5 of the Settlement Agreement (available at [www.\[xxx\].com/court\\_docs/settlement\\_agreement](http://www.[xxx].com/court_docs/settlement_agreement)).

**5. SIGN AND SUBMIT THE CLAIM FORM.**

I have received notice of the class action settlement in this case, and I submit this claim form under the terms of the settlement. I also submit to the jurisdiction of the United States District Court for the Northern District of California with regard to my claim and for purposes of enforcing the release of claims provided for in the Settlement Agreement. I further acknowledge that I am bound by the terms of any Court judgment that may be entered in this action and may not bring any separate litigation against Facebook, Inc. or against any entity or person released in the Settlement Agreement related to this action, or that could have been asserted in this action, as set forth in the Settlement Agreement. I agree to furnish additional information to support this claim if required to do so.

**I declare under penalty of perjury that the foregoing attestations and all the information I have submitted in support of my claim is true and correct.**

**IF SUBMITTED ELECTRONICALLY:**

- I agree that by submitting this claim form I certify under the penalty of perjury of the laws of the United States of America that the foregoing is true and correct and that checking this box constitutes my electronic signature on the date of its submission.**

IF SUBMITTED BY U.S. MAIL:

**I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

\* \* \* \*

IF SUBMITTED BY MAIL, PLEASE SEND THIS CLAIM FORM TO:

*Fraley v. Facebook, Inc., Settlement*  
c/o GCG  
[Address]  
[City], [State] [ZIP Code]

**THIS FORM MUST BE COMPLETED AND SUBMITTED ELECTRONICALLY TO THE SETTLEMENT ADMINISTRATOR AT OR BEFORE 11:59 P.M. PACIFIC TIME ON [MONTH] [DAY], [YEAR]. IF YOU ARE SUBMITTING THIS FORM BY U.S. MAIL, IT MUST BE POSTMARKED BY [MONTH] [DAY], [YEAR].**

**6. AFTER SUBMISSION OF FORM.**

Payment will be provided to class members only if the Court gives final approval to the Settlement and, if there are any appeals, after the appeals are resolved in favor of the settlement. *Additionally, the amount, if any, paid to each claimant depends upon the number of claims made. No one knows in advance how much each claimant's payment will be, and claimants may be paid nothing at all. Please be patient.*

If, after you submit a claim form, you change your postal or email address, it is your responsibility to inform the Settlement Administrator of your updated information. You may either do so by mail or email at the addresses above.