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CLAIM FORM

***Rolland v. Spark Energy, LLC, No. 3:17-cv-02680 (D.N.J.);
IUE-CWA Local 901 v. Spark Energy Gas, LLC, No. 1:19-cv-00389 (N.D. Ind.);
Burger v. Spark Energy Gas, LLC, No. 1:19-cv-08231 (N.D. Ill.)***

CLAIM FORM

GENERAL INSTRUCTIONS

Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form.

1. Completed Claim Forms may be mailed to the Settlement Administrator at:

Rolland v. Spark Energy
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

2. Completed Claim Forms may alternatively be submitted online via the Settlement Website at **www.MultiStateEnergySettlement.com**.

Claim Forms must be POST-MARKED OR SUBMITTED ONLINE NO LATER THAN NOVEMBER 12, 2022, at 11:59 pm ET.

Before you complete and submit this Claim Form, you should read and be familiar with the Notice of Proposed Class Action Settlement (“the Notice”) available at **www.MultiStateEnergySettlement.com**. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By filing a Valid Claim, you may be eligible for a cash Benefit of **\$.003** per kilowatt hour for electricity and/or **\$.0293** per therm for natural gas supply service received from Spark Energy while you were on a variable rate plan during the Class Period. Your specific Benefit will vary depending upon your usage of Spark Energy electricity and natural gas supply during the Class Period. More information is available in the Notice.



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(Please print or type.)

*****ANY FIELD WITH AN ASTERISK (*) IS A REQUIRED FIELD*****

*Class Member ID: _____

First Name M.I. Last Name

Street Address

City State Zip Code

Email Address @

Email Address

(_____) _____ - _____

Phone Number

If your mailing address is different from your service address, please provide your mailing address below:

Mailing Address: _____

(Address*) (City*) (State*) (Zip*)



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Certification that this Claim Form is True, Correct and Submitted Subject to the Penalty of Perjury

I hereby certify that:

1. I am/was a named account holder with Spark Energy during the Class Period;
2. I did not have the account balance discharged due to bankruptcy or receivership;
3. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
4. I have not submitted any other claim for the same Household and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
5. I understand that claims will be audited for veracity, accuracy, and fraud. Illegible and invalid Claims Forms will be rejected.

Signature: _____

Date: ____ / ____ / ____



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