

This Form must be received by the Settlement Administrator no later than March 2, 2026.

This Claim Form may be submitted in one of two ways:

1. Electronically through **www.DeltaVPPASettlement.com**.
2. Mail to: **Delta VPPA Settlement, c/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479.**

To be effective as a Claim under the proposed settlement, this form must be completed, signed, and sent, as outlined above, **no later than March 2, 2026**. If this form is not postmarked or received by this date, you will remain a member of the Settlement Class but will not receive any payment from the Settlement.

Claimant Identification

Claimant Name (Required): _____

Class Member Identification Number (Required): _____

* Your Class Member Identification Number was on the notice of the Settlement you received. If you do not have your Claimant Identification Number, call or email the Settlement Administrator for assistance at **DeltaVPPA@rg2claims.com** or **(866) 742-4955**.

Current Contact Information

Street Address (Required): _____

City, State and ZIP Code (Required): _____

Preferred Phone Number: (____) _____ – _____

Email Address (Required): _____

* Settlement payments will be digitally sent to you via email. Please ensure you provide a current, valid email address. If the email address included with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator. When you receive the email notifying you of your payment, you will be provided with a number of digital payment options such as PayPal, Amazon, or a digital debit card to immediately receive your payment. You will also have the option to request a paper check at that time.

Certification

I declare under penalty of perjury under the laws of the United States and the state where this claim form is signed that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

Signature

Printed Name

Date