

CLAIM FORM INSTRUCTIONS

Your claim must be either submitted online, emailed or mailed and postmarked by:
June 19, 2019

Temple Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
Website: www.TempleOMBASettlement.com

T-OMBA

Instructions for Completing the Claim Form

You are eligible to submit a Claim Form if you enrolled as a student between January 1, 2015 and December 7, 2018 in Temple University's Fox School of Business and Management Online MBA Program (collectively the "OMBA Settlement Class").

OMBA Settlement Class Members who timely submit a valid approved claim are entitled to receive both financial and non-financial benefits under the terms of the Settlement Agreement available at www.TempleOMBASettlement.com.

The Settlement Fund for the OMBA Settlement Class is \$4 million. Settlement funds remaining after the Court has entered an Order approving the payment of attorney's fees and costs, incentive awards to the named plaintiffs, and the cost of settlement notice and administration will be distributed to Settlement Class Members who file timely claims. The amount of each Settlement Class Member's *pro-rata* payment will vary depending on several factors, namely, the number of Settlement Class Members who file claims; the total number of credit hours and total tuition for all Settlement Class Members who file claims; and your total credit hours and tuition. The determination of each Settlement Class Member's *pro-rata* payment will be made by the Temple Settlement Administrator pursuant to the Plan of Allocation filed by Co-Lead Counsel with the Court, which is posted on the Settlement Website.

In addition, the OMBA Settlement Class will receive non-monetary benefits, including 12 months of career counseling and free access to the OMBA video educational materials. Temple University will also establish a whistleblower hotline, as well as student and faculty committees, to prevent future misreporting of data. A full listing of the settlement benefits is set forth in the Settlement Agreement, which is on file with the Court and available online at www.TempleOMBASettlement.com.

Your completed Claim Form may be submitted three different ways:

1. **Online:** Claims submitted online at www.TempleOMBASettlement.com must be submitted on or before **June 19, 2019**. Please visit the website, select "File a Claim", and enter the Claim Number and Confirmation Code provided in the top right corner of this page.
2. **Postal Mail:** Claims submitted by mail must be postmarked no later than **June 19, 2019** and mailed to:

Temple Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
3. **Email:** Claims submitted by email must be received no later than midnight on **June 19, 2019**. Please complete and scan this claim form and email it to Info@TempleOMBASettlement.com as a PDF attachment.

Please note, The Settlement Administrator cannot access links or cloud services such as Google Docs, Dropbox and others. Claims submitted in this fashion will not be downloaded.

All Claims are subject to verification. Keep a copy of this claim for your record.

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If you have questions regarding filing a claim, please contact the Temple Settlement Administrator at Info@TempleOMBASettlement.com or 800-416-4904. You can also call/write the Court- appointed OMBA Co-Lead Counsel at the numbers/addresses provided in the Class Notice in paragraph 15.

SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Temple Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

First Name

Last Name

Street Address (Mailing Address)

City

State

Zip Code

Email Address

Phone Number

SECTION B: ENROLLMENT INFORMATION

I certify that I, the undersigned, was enrolled in Temple University's Fox School of Business and Management's Online Master of Business Administration ("OMBA") program during the following time(s):

Start Date	End Date	Total Credits Completed

SECTION C: CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information provided in this Claim Form is true and correct to the best of my knowledge, information and belief. I understand that the Temple Settlement Administrator may contact me to request further verification of the information provided in this Claim Form.

Signed: _____ Date: _____