

AMEX ANTITRUST SETTLEMENT CLAIM FORM

INSTRUCTIONS

To be eligible for payment from this Settlement, you must complete and submit a valid Claim Form no later than May 19, 2026.

You are in the Illinois non-rewards credit card class and able to file a claim in this Settlement only if you are a natural person (meaning an individual, not a business entity) who is a card account holder and:

- Your account billing address was in Illinois during all or some of the period January 29, 2016, to June 1, 2022,
- Your Visa, Mastercard, or Discover general purpose credit or charge card account does not offer credit card rewards or charge an annual fee, and
- You used, or allowed an authorized user to use, this credit or charge card account to purchase a good or service from a Qualifying Merchant in Illinois during January 29, 2016, to June 1, 2022.

If you are NOT in the Illinois non-rewards credit card class, you cannot submit a claim. Visit www.AmexAntitrust.com for a complete list of Qualifying Merchants and who is not included and not eligible to file a claim.

How Do I Fill Out and Submit This Claim Form?

If you believe you are eligible and want to submit a claim, you have two options: (1) complete and submit the online Claim Form at www.AmexAntitrust.com or (2) complete a paper Claim Form and send it by First-Class Mail to:

Amex Antitrust
c/o A.B. Data, Ltd.
P.O. Box 173092
Milwaukee, WI 53217

Your Claim Form must be submitted online, or postmarked, by May 19, 2026. Please read and follow the instructions carefully. Make sure you include all the required information. If you do not provide complete and accurate information, your claim may be delayed or rejected.

Settlement payments will be sent to you digitally via email or mobile phone text. Please provide a current, valid email address and mobile phone number on your Claim Form. If your contact information changes after you submit your Claim Form, you must tell the Settlement Administrator. Otherwise, you may not get your Settlement payment. The Settlement Administrator will send you an email and/or mobile phone text when your Settlement payment is available. The email and/or mobile phone text will give you several digital payment options, such as PayPal, Amazon, or a virtual debit card, to immediately get your Settlement payment.

Any field with an asterisk (*) denotes a required field that must be completed for the claim to be considered complete.

Claimant Information

Please fill out your information below. All information you provide will be kept confidential. The Settlement Administrator will only use this information to complete the claims process in this case. It will not be provided to any third party or sold for marketing purposes.

CONTACT INFORMATION:

CLASS MEMBER NAME*

FIRST NAME, LAST NAME

STREET ADDRESS*

APT.

CITY*

STATE*

ZIP*

CLASS MEMBER'S MOBILE PHONE NUMBER*

() - _____

CLASS MEMBER'S CONTACT EMAIL ADDRESS*

VERIFY EMAIL ADDRESS*

CLASS CLAIM INFORMATION AND CERTIFICATION

CLAIM

As part of the claims review and audit process, you may be asked to provide proof to support your claim. You do not need to provide proof with your Claim Form at this time. However, the Settlement Administrator may ask you to provide additional documents to prove your claim during the review process. If you are asked to provide proof and you do not, your claim will be rejected.

ATTESTATION AND CERTIFICATION

If you are filing this claim as a Class Member, you are required to confirm that one of the following statements is true. Please confirm by putting a check mark in one of the boxes provided:

Illinois credit card billing address for all or part of the period January 29, 2016, through June 1, 2022:

Same as the contact information address above; or

My billing address was in Illinois, and is listed below.

Any field with an asterisk (*) denotes a required field that must be completed for the claim to be considered complete.

STREET ADDRESS*

APT

CITY*

STATE*

ZIP*

Have a non-rewards, no annual fee Visa, Mastercard, or Discover credit card or charge card account:

___ I have (or had) a non-reward, no annual fee Visa, Mastercard, or Discover credit card or charge card account (“non-reward, no annual fee credit card”).

Qualified Purchase*:

___ I (or an authorized user) made at least one in-person (not online, not telephone) purchase using my non-reward, no annual fee credit card at a Qualified Merchant in Illinois between January 29, 2016, to June 1, 2022, when my billing address was in Illinois.

No AMEX card*:

___ I *did not* have an American Express Card at any time during the period January 29, 2016, to June 1, 2022.

Claims Administration*:

___ I understand, agree, and consent that the Settlement Administrator and Class Counsel may contact me electronically via email and/or mobile phone (message & data rates may apply).

___ I agree to provide more information if the Settlement Administrator asks me to do so.

By signing below, I declare, under penalty of perjury, that all the information I provided on this Claim Form is true and correct to the best of my knowledge and belief. I understand that my claim may be audited, reviewed, and validated.

Signature*

Date*
