



FOR OFFICIAL USE ONLY  
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**DRAM SETTLEMENT CLAIM FORM**

**GENERAL INSTRUCTIONS**

To get a payment from the DRAM Settlements, complete all three parts of this Claim Form **OR** you may submit your Claim online at **www.DramClaims.com**. The deadline to submit a Claim is August 1, 2014. Go to **www.DramClaims.com** to learn more about the Settlements, your rights and how Claims will be calculated and paid. For questions about completing or submitting your Claim, call the Claims Administrator at 1-800-589-1425.

This Claim Form should be submitted only by individuals or businesses that indirectly purchased DRAM or products containing DRAM, for their own use or resale, in the United States or any of its territories from January 1, 1998 through December 31, 2002. As long as you did not buy directly from a DRAM manufacturer, your purchase of DRAM or a product containing DRAM is an indirect purchase. A separate pool of money has been reserved for state and local government entities.

You do not need to submit proof of your purchase(s) with your Claim Form. However, keep any documentation relating to your purchases in case the Claims Administrator requests any proof. Large Claims will likely be required to supply proof of purchases.

**PART 1: CLAIMANT INFORMATION**

*Please type or neatly print all information*

Please check the appropriate box to indicate whether you are an Individual or a Business (Note: Governmental entities are not included):

**Individual**

**Business**

Last Name: [Grid]

First Name: [Grid] MI [Grid]

Business Name: [Grid]

Person to contact if there are questions regarding this Claim: [Grid]

Street Address: [Grid]

City: [Grid] State: [Grid] Zip: [Grid]

Email Address: [Grid]

**For Businesses Only:**

• Businesses must provide one of the following:

Federal Taxpayer Identification Number: [Grid] - [Grid]  
OR  
Social Security Number used for Business: [Grid] - [Grid] - [Grid]

• Select the Employee Size of Business (circle one): 1-10 11-50 50 plus





**PART 2: PURCHASE INFORMATION**

For questions about completing or submitting your Claim, call the Claims Administrator at 1-800-589-1425.

<b>Table 1</b>	
Provide the total number of products containing DRAM purchased between January 1, 1998 and December 31, 2002. For example, if you bought 3 computers, write "3" in the corresponding space.	
<b>Product Type</b>	<b>Number Purchased</b>
Computers - Laptops or Desktops	_____ purchased
Printers	_____ purchased
Stand-alone Graphics Cards	_____ purchased
Video Game Consoles	_____ purchased
DVD Players	_____ purchased
Personal Digital Assistants	_____ purchased
MP3 Players	_____ purchased
TiVo/DVRs	_____ purchased
Point of Sale Systems	_____ purchased
Servers (provide both the number of servers purchased and the total dollars spent on servers)	_____ purchased \$ _____ spent

**If Table 1 includes all purchases that you are claiming, please go to Part 3: SIGN AND DATE CLAIM FORM.**

If you purchased memory modules or you purchased products containing DRAM not included in Table 1, please go to Tables 2 and/or 3.

<b>Table 2</b>	
<b>Memory Modules</b>	
If you purchased 10,000 memory modules or fewer, provide the total number of memory modules purchased.	
1998-2002	_____ memory modules purchased
If you purchased more than 10,000 memory modules, provide the total MBs of DRAM purchased per year.	
1998	_____ MB purchased
1999	_____ MB purchased
2000	_____ MB purchased
2001	_____ MB purchased
2002	_____ MB purchased



**Table 3**

If you purchased products containing DRAM that are not captured in Tables 1 and 2, please use this table. Include the Product Type, Number Purchased, Year Purchased and total DRAM Content in MB.

Product Type	Number Purchased	Year Purchased	Total DRAM Content (MB)
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB
		___ ___ ___	_____ MB

(If you require additional space, please attach extra pages in the same format as above. Sign and print your name on each additional page.)

**PART 3: SIGN AND DATE CLAIM FORM**

By signing below, I (we) affirm that the information provided in this Claim Form is true and correct.

\_\_\_\_\_  
Signature

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (if you are filling out this form for a business)

**REMINDER LIST**

Please make sure that you:

1. Sign and date the Claim Form;
2. Keep a copy of the completed Claim Form for your records;
3. Retain your proof of purchase documentation until your Claim is closed. You will be notified if you are required to provide this documentation during the Claim verification process;
4. Submit your Claim Form **no later than August 1, 2014**, online at **www.DramClaims.com** or by mail to DRAM Claims, PO Box 8097, Faribault, MN 55021-9497.
5. For questions about completing or submitting your Claim, call the Claims Administrator at 1-800-589-1425.