SpinX Games Settlement Claim Form

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY APRIL 21, 2025. THE CLAIM FORM MUST BE SIGNED AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

The Settlement Administrator will review your Claim Form. If accepted, you will receive a share of the Settlement Fund. This process takes time, please be patient. If you have any questions, or would like to estimate your share of the Settlement Fund, visit: www.SpinXGamesSettlement.com.

Instructions: Fill out each section of this form and sign where indicated.

Unique ID, if known (included	on your mailed or e-mailed notice):	
First Name	La	st Name
Street Address		
City	State	ZIP Code
Email Address		Phone Number
ID(s) (if known) All email addresses associated	with Cash Frenzy, Lotsa Slots, Jackp	t Mania), Jackpot Crush, or Vegas Friends Player oot World (previously known as Jackpot Mania),
	Effirmation : By submitting this C	Claim Form you affirm under penalty of perjury
that, to the best of your kno	wledge, the Player ID(s) and the	email address(es) listed above are yours.
Signature:		Date://
Select Payment Method: requested information.	Select ONE box for how you w	ould like to receive payment and provide the
Check	Venmo®	PayPal®
Mailing Address:	Phone Number:	Email Address: