

**CLAIM FORM**

**THIS CLAIM FORM MUST BE COMPLETED AND MAILED TO THE  
CLAIMS ADMINISTRATOR BY: OCTOBER 4, 2025**

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

Please carefully read the Notice, which is included with this Claim Form. If you wish to receive a Settlement Payment, you must take all of the following steps: (1) complete all sections of this Claim Form; (2) sign and date this Claim Form below; (3) submit this Claim Form to the Claims Administrator: **THIS CLAIM FORM MUST BE POSTMARKED BY OCTOBER 4, 2025. YOUR FAILURE TO SUBMIT A TIMELY CLAIM FORM WILL RESULT IN YOU FORFEITING ANY SETTLEMENT PAYMENT AND/OR BENEFITS FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
(You may be contacted if further information is required.)

**Employer:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_

If you seek to receive your Settlement Payment by Zelle or Venmo, rather than check, please provide one of the following:

**Venmo Address:** \_\_\_\_\_ **Zelle Address:** \_\_\_\_\_

By signing and submitting this Claim Form, you are declaring under penalty of perjury that you are a member of the Settlement Class, who used the Par Tech Inc. Point-of-Sale System with a finger scanner between March 21, 2019 to August 31, 2022, and that the foregoing information provided is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MM-DD-YY)

**Printed Name:** \_\_\_\_\_

The Claims Administrator will review your Claim Form; you may be required to submit additional documentation to validate your claim. If accepted, you will be mailed a check for your Settlement Payment. This process takes time. Please be patient.

**Claims Administrator Information:**

Herman v. Missouri Fiesta, Inc.  
c/o Analytics Consulting LLC  
P.O. Box 2002  
Chanhassen, MN 55317-2002  
Phone: 833-350-9904  
Email: MoFiestaBIPA@noticeadministrator.com

*For more information, visit [www.MoFiestaBIPASettlement.com](http://www.MoFiestaBIPASettlement.com).*