

## Exhibit C

## Payment Election Form – Rideshare Settlement Administration

**You may file your Payment Election Form online at [www.RideShareSettlement.com](http://www.RideShareSettlement.com).**

To file by mail, please complete and return this form with the appropriate postage to the below address:

*McKnight v. Uber Settlement*  
Rideshare Settlement Administrator  
PO Box 3967  
Portland, OR 97208-3967

The deadline to submit this form is **Month DD, 2017**.

**STEP 1:** Please provide the following information.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address used with your Uber account.  
\_\_\_\_\_

Claim Number as stated on your email notice.  
\_\_\_\_\_

If you **do not** have a Claim Number, you must submit your Uber receipt(s) for each ride for which you wish compensation by clicking [here](#) to upload your receipts.

**STEP 2:** Please select the option below indicating how you would like to receive your Settlement Share. Remember to only select **one** option.

Option 1:  I elect to have my Settlement Share paid to my Uber Rider Account (meaning it will be applied to the first Uber Rideshare Service in the United States billed to my Uber Rider Account after the Settlement Share payment is applied).

Option 2:  I elect to have my Settlement Share paid to my PayPal Account. My PayPal email address is: \_\_\_\_\_.

Option 3:  I elect to have my Settlement Share paid by bank account via eCheck. My email address for payment by eCheck is: \_\_\_\_\_.

Please Note:

- eChecks are available for deposit in U.S. financial institutions only.
- Because only one attempt will be made to pay your Settlement Share by PayPal Account or bank account via eCheck, it is your responsibility to make sure that all information provided is current and accurate until the time the payment of the Settlement Share has been issued to your account.
- If you do nothing, then your Settlement Share will *automatically* be paid to your Uber Rider Account. If you no longer have an Uber account, then you must submit a valid Payment Election Form and select Option 2 or 3 in order to receive your Settlement Share.

I declare under penalty of perjury that the information provided above is true and accurate.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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