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In re Dealer Management Systems Antitrust Litigation, MDL No. 2817, 18-cv-00864 (N.D. Ill.)  
c/o Epiq, Settlement Administrator  
P.O. Box 6727  
Portland, OR 97228-6727  
[www.dealershipclassDMSsettlement.com](http://www.dealershipclassDMSsettlement.com)

**DEALERSHIP CLASS CLAIM FORM**

If you did not opt out of the Reynolds Settlement (the deadline has passed) and do not opt out of the current CDK Settlement, in order to receive any settlement payment, you must submit this Claim Form, with supporting documentation, at the official settlement website: [www.dealershipclassDMSsettlement.com](http://www.dealershipclassDMSsettlement.com) or mail your completed form, with supporting documentation, to the address listed above. The Claim Form and documentation must be received or postmarked by **January 9, 2025**, to be eligible to receive payment. You need to submit only ONE claim form per rooftop, which will be applicable to your participation in both the CDK and Reynolds Settlements.

**Filing assistance is available from Class Counsel and the Settlement Administrator AT NO COST.** If you are approached by or see advertisements from a non-party claims settlement service offering to register you or submit your claims for recovery from the Settlement Fund, know that these entities are **not necessary in order for class members to submit claims.**

If you opted out of the Reynolds Settlement and opt out of the CDK Settlement, you are not part of either Settlement Class, and you should not file this Claim Form.

YOU MUST submit a separate Claim Form for each dealership rooftop. This is true if you are part of a multiple rooftop group, or if from 2013 to present, you have changed the name of your dealership without changing ownership.

If you sell automobiles from multiple OEMs at the same physical location, that is considered a single rooftop.

**STEP 1: ENTER CLAIMANT INFORMATION**

Contact Name:

First Name

MI

Last Name

Title

Dealership Name (Dealership Name must match the name on the DMS contracts you submit):

Current Mailing Address:

City:

State:

ZIP Code:

Contact Email Address:

Contact Telephone Number:

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Questions? Call the Settlement Administrator toll-free at 1-888-842-3161 or visit [www.dealershipclassDMSsettlement.com](http://www.dealershipclassDMSsettlement.com)



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**STEP 2: ESTABLISH YOUR DMS PROVIDER**

For the time period September 1, 2013, through August 15, 2024, when did the dealership rooftop identified in Step 1 use **Reynolds' DMS**? If you did not use Reynolds' DMS during this time period, please leave blank.

From   -     To   -

From   -     To   -

For the time period September 1, 2013, through August 15, 2024, when did the dealership rooftop identified in Step 1 use **CDK's DMS**? If you did not use CDK's DMS during this time period, please leave blank.

From   -     To   -

From   -     To   -

**Documentation Requirement:** To demonstrate the time periods you were using Reynolds' and/or CDK's DMS, you must attach your signed DMS contract documents with Reynolds or CDK establishing your DMS usage.

For rooftops who used Reynolds, you must submit signed "exhibit(s)" to your Master Agreements that lay out the term or length of the contract(s) for the entire time you were on Reynolds's DMS. For rooftops who used CDK, you must submit signed Schedule(s) to the MSAs where the term or length of the contract is specified for the entire time you were on CDK's DMS.

These contract documents must include the name of the rooftop submitting the claim, contract date, and term of the agreement. **Dealership Rooftop Name above must match the name on the DMS contract documents you submit.**

Please submit legible copies. *Do not send originals. You should retain the originals in your records.* **Failure to submit required documentation may result in your claim being denied.**

I have included required DMS contract documents with Reynolds and/or CDK: Yes:  No:

Settlement Funds will be distributed to CDK and/or Reynolds Class Members under the **Plan of Allocation** available at [www.dealershipclassDMSsettlement.com](http://www.dealershipclassDMSsettlement.com).

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**STEP 3: SIGN AND SUBMIT**

By signing below, I certify that (1) the above and foregoing information, including any supporting documentation submitted, is true and correct; (2) I am duly authorized and have the legal capacity to sign this Claim Form on behalf of the dealership entity; (3) I am not excluded from the settlement class (i.e. Defendants, including any entity or division in which any Defendant has a controlling interest, as well as Defendants' joint ventures, subsidiaries, affiliates, assigns, and successors); and (4) I agree to submit additional information, if requested, in order for the Settlement Administrator to process my/our claim.

Signature:

Date:  -  -

Printed Name:

First Name

MI

Last Name

Title

Please submit your completed Claim Form, along with supporting documentation, to the Settlement Administrator by **January 9, 2025** (postmarked to the address above or preferably submitted online at [www.dealershipclassDMSsettlement.com](http://www.dealershipclassDMSsettlement.com)).

Questions? Call the Settlement Administrator toll-free at 1-888-842-3161 or visit [www.dealershipclassDMSsettlement.com](http://www.dealershipclassDMSsettlement.com)