

SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you engaged in a relevant transaction on FabFitFun’s website during the time period of April 26, 2020 to May 14, 2020 or May 22, 2020 to August 3, 2020.

You may receive a payment if you properly and timely complete this Claim Form, the Settlement is approved, and you are found to be eligible for a payment.

The Class Notice describes your legal rights and options. You can obtain the Class Notice and further information about the Litigation, the Settlement Agreement, and your legal rights and options by visiting the [Important Documents](#) page or by calling [\(833\) 775-1513](tel:(833)775-1513).

Your claim must be submitted online or postmarked by December 21, 2021 to be considered for payment. You can submit your claim for a settlement award in two ways:

1. Online by following instructions on this page.
2. By mail to the Claims Administrator at this address: FabFitFun Settlement, Settlement Administrator, 1650 Arch Street, Suite 2210 Philadelphia, PA 19103.

Only one Settlement Claim may be submitted per Settlement Class Member, regardless of the number of payment methods used or the number of FabFitFun memberships purchased.

1. CLASS MEMBER INFORMATION (REQUIRED)

First Name *

MI

Last Name *

Street Address *

Street Address 2

Country *

City *

State * Zip Code *

Phone

Email *

I attest under penalty of perjury that I purchased a new subscription from FabFitFun's website during the time period of April 26, 2020 to May 14, 2020 or May 22, 2020 to August 3, 2020:

 Approximate date of purchase Last 4 digits of credit or debit card used (if applicable)

(Check if Apple Pay or PayPal used for purchase). I attest under penalty of perjury that I paid for my purchase with Apple Pay or PayPal.

(Check if card is no longer available). I attest under penalty of perjury that I no longer have the debit or credit card used and do not know or have any records showing the last 4 digits of this card.

2. PAYMENT ELIGIBILITY INFORMATION (REQUIRED)

To prepare for this section of the Claim Form, please review the Class Notice and Sections 2.1 through 2.4 of the [Settlement Agreement](#) for more information on the types of awards available and rules for receiving an award.

Settlement Class Members may receive only one of the following types of awards: (1) [Basic Award](#); or (2) [Reimbursement Award](#). Which type of award are you making a claim for (check one)?

Basic Award (go to Section 6)

OR

Reimbursement Award (go to Section 3)

3. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING A REIMBURSEMENT AWARD.

You must complete this Section 3 if you are seeking a Reimbursement Award. Please provide as much information as possible.

Required: I attest under penalty of perjury that I experienced one or more fraudulent charges from April 26, 2020 through January 30, 2021, on a credit, debit card, or other payment method I used to make a purchase from the FabFitFun website.

Required: Such charges have not been reversed or otherwise credited, reimbursed or refunded.

Required: I believe in good faith such charges were more likely than not the result of the Security Incident that affected the FabFitFun website described in the Class Notice.

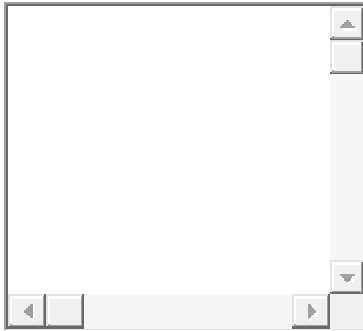
The total amount of unreimbursed fraudulent charges that I am claiming is \$

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company.

Required: Attach a copy of statements that show the fraudulent charges and any correspondence showing that you reported them as unauthorized. (Please redact all unrelated transactions).

OR

If you do not have any written correspondence reporting the charges, describe when and how you reported them and who you reported them to:



(Required). I have made good faith efforts to have these unauthorized charges reversed or repaid, including through my bank or credit card company, and have exhausted all available credit monitoring, identity theft insurance, or other applicable insurance policies, but have not been successful at having the charges reversed, have not received payment, and have no insurance coverage for these unauthorized charges.

(Check if applicable). I spent more than 1 hour dealing with these unauthorized charges and wish to be reimbursed for my time spent, up to a maximum of three (3) hours.

I spent this much time (round to the nearest hour and check only one box):

- 1
- 2
- 3

Examples: You spent at least one full hour calling customer service lines, writing letters or emails, or on the internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Required: If time was spent on the telephone, online, or writing letters, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to get unauthorized charges reversed or reimbursed, describe what you did.



If you are also seeking reimbursement for Out-of-Pocket Expenses as part of your claim for a Reimbursement Award, complete Section 4. Otherwise, go to Section 6.

4. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES IN CONNECTION WITH A REIMBURSEMENT AWARD.

Are you seeking Reimbursement of Out-of-Pocket Expenses?

- Yes
- No

I attest under penalty of perjury that I am making a claim for a Reimbursement Award, and that I incurred the following Out-of-Pocket Expenses as a result of one or more unauthorized charges between April 26, 2020 and January 30, 2021 on a credit or debit card I used to make a purchase from the FabFitFun website.

I believe in good faith that such unauthorized charges were more likely than not the result of the security incident that affected FabFitFun’s website that was first disclosed to customers by FabFitFun in September 2020.

Check all that apply, stating the total amount you are claiming for each category and attaching documentation of the charges as described below. Round total amounts to the nearest dollar.

Unreimbursed payment card fees or bank fees

Total amount claimed for this category: \$

Examples: Overdraft fees, over-limit fees, late fees, charges due to insufficient funds or interest, card reissuance fees.

Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions).

Accepted file types are: PDF, TIF, JPG, GIF, PNG. Other file types will be rejected. Please confirm in the grid below that your file has been successfully uploaded.

Select File for Upload:

File Description:

File List: No Files Selected

Cell, internet or text charges

Total amount claimed for this category: \$

Examples: Long distance or cell phone charges (if charged by the minute), or data charges (if charged based on the amount of data used).

Required: A copy of the bill from your telephone company, cell phone company, or internet service provider showing the claimed charges.

Accepted file types are: PDF, TIF, JPG, GIF, PNG. Other file types will be rejected. Please confirm in the grid below that your file has been successfully uploaded.

Select File for Upload:

File Description:

File List: No Files Selected

Unreimbursed costs of obtaining credit reports, credit freezes, or credit monitoring or identity theft protection services (up to two years of coverage)

Total amount claimed for this category: \$

Examples: The cost of purchasing a credit report or placing a credit freeze.

Required: A copy of a receipt of other proof of purchase for each credit report or credit freeze purchased or placed.

Accepted file types are: PDF, TIF, JPG, GIF, PNG. Other file types will be rejected. Please confirm in the grid below that your file has been successfully uploaded.

Select File for Upload:

File Description:

File List: No Files Selected

Postage costs

Total amount claimed for this category: \$

Examples: Postage for correspondence with your bank or credit card company about unauthorized charges. The cost of submitting this form is not included.

Required: A copy of any receipt or proof of purchase for all postage costs claimed showing date, amount and vendor.

Accepted file types are: PDF, TIF, JPG, GIF, PNG. Other file types will be rejected. Please confirm in the grid below that your file has been successfully uploaded.

Select File for Upload:

File Description:

File List: No Files Selected

5. PAYMENT METHOD

Please select the manner in which payment will be issued for your valid Claims.

PayPal*

PayPal Email Address

Paper Check via Mail

*If you select payment via PayPal, the email address entered on this form will be used to process the payment to your PayPal account linked to that email address. If you do not have a PayPal account, you will be prompted to open an account using the email address entered on this form

6. CERTIFICATION

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator or Claims Referee before my claim will be considered complete and valid.

Signature *

Date