

CLAIM FORM INSTRUCTIONS

<i>Your claim must be submitted online or mailed and postmarked by: January 6, 2020</i>	Gap Settlement Administrator PO Box 60247 1500 John F. Kennedy Blvd., Ste. 31 Philadelphia, PA 19102 Website: www.GFPricingClassSettlement.com	GAP
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Instructions for Completing the Claim Form

You are eligible to submit a Claim Form if you are an individual who, between May 24, 2010 and May 10, 2019, the date of entry of the Preliminary Approval Order, purchased an item in-store or online from any Gap Outlet, Gap Factory Store, or Banana Republic Factory Store in the United States.

If you are a Class Member, you may file for either tier 1 or tier 2 as defined below:

1. A Tier 1 Authorized Claimant is one who does not submit proof of Qualifying Purchase(s), or submits proof of Qualifying Purchase(s) that are less than \$90.00, with his or her timely and valid Claim Form. To each Tier 1 Authorized Claimant, Gap shall issue one (1) Settlement Purchase Certificate for \$6 for any purchase or off any purchase (no minimum purchase required).

2. Tier 2 Authorized Claimants: A Tier 2 Authorized Claimant is one who has Qualifying Purchase(s) during the Class Period totaling \$90.00 or more. To each Tier 2 Authorized Claimant, Gap shall issue two (2) Settlement Purchase Certificates for a total value of \$12 for any purchase or off any purchase (no minimum purchase required). To receive this additional Purchase Certificate, you must submit proof of your purchases totaling \$90 or more (exclusive of returns) along with your complete and valid Claim Form. Do not submit original documentation. Documents submitted will not be returned.

Your completed Claim Form must be submitted online at www.GFPricingClassSettlement.com on or before **January 6, 2020** or postmarked no later than **January 6, 2020** and mailed to:

GF Pricing Settlement Administrator
PO Box 60247
1500 John F. Kennedy Blvd., Ste. 31
Philadelphia, PA 19102

You must complete the entire Claim Form and provide any copies of actual purchase receipts in support of your Claim Form if applicable. **Do not submit original receipts, they will not be returned to you.**

ALL CLAIMS ARE SUBJECT TO VERIFICATION

PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM FOR YOUR RECORDS.

CLAIM FORM

You must accurately complete all required portions of this Claim Form and submit the Claim Form under penalty of perjury.

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN JANUARY 6, 2020.

PERSONAL INFORMATION. Please legibly print or type the following information requested below. *This information will be used to deliver your Settlement Purchase Certificate or Settlement Purchase Certifications and communicate with you if any problems arise with your claim.*

Name (first, middle, and last): _____

Residential Street Address: _____

City, State, and ZIP code: _____

Email Address: _____

Telephone Number: () -- _____

CONFIRMATION OF CLASS MEMBERSHIP. Please check all that apply:

CONFIRMATION OF CLASS MEMBERSHIP. I declare that I believe that, during the period of time between May 24, 2010 and May 10, 2019, I purchased in-store or online from a Gap Outlet, Gap Factory Store or a Banana Republic Factory Store in the United States an item or items where a higher reference price was displayed, and that my purchases during this period totaled (*select one*):

- less than \$90.00 (Tier 1) good for \$6 for any purchase or off any purchase (no minimum purchase required)
- \$90.00 or more (Tier 2), good for a total value of \$12 for any purchase or off any purchase (no minimum purchase required) and *I have attached proof of my purchase(s).*

Approximate Month and Year of Purchase	Approximate Location (City) of Purchase	Approximation of Total Spent on Claimed Items

Email Address for Purchase Certificate Delivery. Please confirm the email address to which you would like the Purchase Certificate(s) delivered.

Would you like your Purchase Certificate delivered to the email address above? **Yes** **No**

If “no,” please provide the email address to which you would like the Purchase Certificate(s) delivered:

*** *If you do not have an email address, please include a statement above that you request to receive a Purchase Certificate via postal mail or send a written statement to the Settlement Administrator at the address below.* ***

ACKNOWLEDGEMENT. I have received notice of the class action Settlement in this case and I am a class member as described in the notice. I agree to release all the claims, known and unknown, stated in Section 2.9 of the Settlement Agreement. I submit to the jurisdiction of the Superior Court of the State of California, County of San Francisco with regard to my claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the full notice and Settlement Agreement at www.GFPricingClassSettlement.com or by writing the Settlement Administrator at the email address info@GFPricingClassSettlement.com or the postal address GF Pricing Settlement Administrator, PO Box 60247 1500 John F. Kennedy Blvd., Ste. 31 Philadelphia, PA 19102. I agree to furnish additional information to support this claim if required to do so.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Dated: _____

Signature: _____