

Your claim must be submitted or postmarked by: June 12, 2019

**Remijas et al. v. The Neiman Marcus Group, LLC,
Case No. 1:14-CV-01735 (N.D. Ill.).**

NMS

CLAIM FORM

Name: _____ Claim Number: _____
(First) (Last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ - _____ E-mail: _____

We will use the information that you provide to communicate with you about your claim, which we will do primarily by email if you provide an email address. The information you provide will not be used for other purposes, including but not limited to marketing purposes. The information you provide will not be sold, nor will it be provided to others, except insofar as is necessary to efficiently process claims submitted in connection with this matter.

CLAIM VALIDATION QUESTIONS

QUESTION ONE

Was your credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or website, between July 16, 2013 and October 30, 2013?

- Yes (Proceed to Question Two)
- No (You are not eligible to submit a claim)

QUESTION TWO

Provide all of the information requested by one of the following two options. You may submit all of the information requested by both of the following two options if you wish.

IMPORTANT NOTE: To receive a payment, you must submit information sufficient to establish that your credit or debit card was used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store between July 16, 2013 and October 30, 2013. **The only way to be certain that you have submitted information sufficient to determine whether or not you are entitled to a payment is to submit the information requested in Question 2, Option A.**

If you choose instead to submit the information requested in Question 2, Option B (but not Question 2, Option A), **your claim may be denied** even if your credit or debit card was used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store between July 16, 2013 and October 30, 2013 because there may not be records sufficient to establish that it was used at that time and place.

Please continue on reverse side

Option A

Provide the last four digits of the credit or debit card number of the credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013:

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AND

Provide the date(s) and location(s) of all purchases made at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013 using the credit or debit card:

Date of Purchase	Location of Purchase

If the credit or debit card was used to make more than three purchases at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013, then only provide the dates and locations of three such purchases.

Option B

Provide the full name of the cardholder of the credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013, as the name appeared on the credit or debit card at the time(s) of such purchase(s) (*check box or provide cardholder name*):

Same as Above, or

Full Name of Cardholder: _____

AND

Provide the billing address for the credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013, as of the time(s) of such purchase(s):

Same as Above, or

Mailing Address: _____

City: _____ State: _____ ZIP: _____

ATTESTATION AND SIGNATURE

I certify under penalty of perjury that the information I am providing in this claim form is true and correct, and that I am the cardholder of the card identified in my response to Question Two, above.

Name: _____ Signature: _____

Date: _____

If you have questions, please contact the Settlement Administrator at 1- [855-234-2611](tel:855-234-2611) [412-4027](tel:412-4027) or visit www.NMSettlement.com.