

**Your claim must be
submitted online or
received by:
May 2, 2022**

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO - EASTERN DIVISION
WALKER V. NAUTILUS, INC., CASE NO. 2:20-CV-3414
www.NautilusTreadmillSettlement.com
CLAIM FORM

NAUT

CLAIM FORM INSTRUCTIONS

1. You may submit your Claim Form online at www.NautilusTreadmillSettlement.com or by U.S. Mail to the following address: *Nautilus Treadmill Settlement, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103*. Please make sure to include the completed and signed Claim Form and all supporting materials in one envelope.
2. You must complete the entire Claim Form. Please type or write your responses legibly.
3. If you received a direct notice about the Settlement by Email or Mail, or you can provide the Serial Number of your Treadmill, you will not need to provide supporting documentation, and your claim can be readily completed on the Settlement website www.NautilusTreadmillSettlement.com or by completing this form. If you did not receive a direct notice about the Settlement, and you no longer have the Treadmill you purchased or its Serial Number, you must provide supporting documentation.
4. Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.
5. If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond, the Settlement Administrator will be unable to process your claim, and you will waive your right to receive money under the Settlement.
6. If you have any questions, please contact the Settlement Administrator by email at Info@NautilusTreadmillSettlement.com or by mail at the address listed above.
7. **You must notify the Settlement Administrator if your address changes. If you do not, you may not receive your payment.**
8. **DEADLINE -- Your claim must be submitted online by May 2, 2022. Claim Forms submitted by mail must be received by the Settlement Administrator no later than May 2, 2022.**

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

II. CLAIM INFORMATION

Please select **ONE** of the following underlined options.

☐ **I received direct notice about the Settlement by Email or Mail.**

Please provide the Claim Number **and** Confirmation Code that appear near your Name on the notice you received.

Claim Number

Confirmation Code

☐ **I did not receive direct notice about the Settlement by Email or Mail, but I have my Serial Number.**

If you did not receive a notice about the Settlement, please provide the information below, where available.

Serial Number

Brand (optional)

Model (optional)

Approximate Date of Purchase (optional)

Purchase Location (optional)

☐ **I did not receive direct notice about the Settlement and I do not have my Serial Number. I am enclosing proof of purchase** in the form of a receipt for the Treadmill purchased, or other similar type of documentation evidencing my purchase of the Treadmill.

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The claimed treadmill must have been purchased primarily for personal, family, or non-commercial purposes, and not for resale.

III. PAYMENT SELECTION

Please select **one** of the following payment options:

- ☐ **PayPal** - Enter your PayPal email address: _____
- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____
- ☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:
_____ - _____ - _____ or _____
- ☐ **Virtual Prepaid Mastercard** - Enter your email address: _____
- ☐ **Physical Check** - Payment will be mailed to the address provided above.

IV. VERIFICATION AND ATTESTATION UNDER PENALTY OF PERJURY

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form, including supporting documentation (if any) is true and correct to the best of my knowledge and recollection.

Your signature

Date: _____
MM DD YYYY

Your name

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