

PROOF OF CLAIM AND RELEASE

Your claim must be submitted online or if mailed, postmarked no later than November 20, 2020	Wireless Earphone Settlement Administrator 1650 Arch Street, Suite 2210 Philadelphia, PA 19103 www.WirelessEarphonesSettlement.com	PBT
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Section I -Instructions

This Form must be submitted online or postmarked no later than November 20, 2020.

This Claim Form may be submitted in one of two ways:

1. Electronically through the www.WirelessEarphonesSettlement.com.
2. Mail to: *Wireless Earphones Settlement Administrator, 1650 Arch St., Ste 2210, Philadelphia, PA 19103*

To be effective as a claim under the proposed Settlement, this form must be completed, signed and sent, as outlined above, **no later than November 20, 2020**. If this Form is not postmarked or received by this date, you will remain a member of the Settlement Class, but will not receive any payment from the Settlement.

Due to the nature and scope of the information required to effectuate Direct Deposit (ACH) payments, if you wish to receive payment by Direct Deposit (ACH) you must submit a Claim using the settlement website: www.WirelessEarphonesSettlement.com. All submitted Claims may be reviewed for accuracy and truthfulness, including through reference to information possessed by Apple.

Section II - Class Member Information

Claimant Name (Required):

First name

Last Name

Claimant Identification Number (Optional):

Claim Identification Number: (* Your Claimant Identification Number was on the notice of the Settlement you received by email or by postal mail, if you received such notice.)

Current Contact Information

Mailing Address (Required)

City (Required)

State (Required)

Zip (Required)

Email Address (Optional)

(_____) _____ - _____
Preferred Phone Number (Optional)

Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your claim. Provision of your phone number is optional.

Section III – Confirmation of Class Membership

(Required) Please confirm each statement as being true by adding your initials where noted. For data entry boxes, please enter the relevant information.

1. I purchased new Powerbeats 2 earphones. Initials:_____.
2. The purchase was not made for purposes of resale. Initials:_____.
3. If you have Proof(s) of Purchase of the Powerbeats 2 earphones, please check the box indicating that you have Proof(s) of Purchase and provide the Proof(s) to the Settlement Administrator as instructed below. If you have a Proof(s) of Purchase for the Powerbeats 2 earphones, you may skip questions 4, 5 and 6. If you do not have any Proof of Purchase, you must answer questions 4, 5 and 6.

- I have a Proof or Proofs of Purchase. I have _____ [number] Proof(s) of Purchase.
 I do not have a Proof of Purchase.

4. The month and year of the purchase was as stated below:

_____ Month	_____ Year	_____ Initials
_____ Month	_____ Year	_____ Initials

5. The store where I purchased the Powerbeats 2 earphones was:

_____ Store Name:	_____ Initials
_____ Store Name:	_____ Initials

6. The city and state in which the store where I purchased the Powerbeats 2 earphones was located were:

_____ City	_____ State	_____ Initials
_____ City	_____ State	_____ Initials

Section IV - Claiming Payment for a Warranty Repairs

Persons for whom Apple has a record of the Class Member obtaining a warranty repair or replacement on a Powerbeats 2 may be able to receive additional compensation. If you obtained or are obtaining a warranty repair or replacement on a Powerbeats 2 please confirm each statement as being true by adding your initials where noted. For data entry boxes, please enter the relevant information. To complete this section, you must provide the Apple ID associated with the warranty repair or replacement.

1. I obtained a warranty repair or replacement on a Powerbeats 2. Initials:_____.
2. If you received two or more successive warranty repairs or replacements. Initials:_____.

**To be a successive warranty repair or replacement, the second, or later, warranty repair or replacement must be on the device that was previously repaired or was provided to the customer as a replacement unit.*

3. The Apple ID associated with warranty repair or replacement(s) is/are:

_____ Apple ID	_____ Initials
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Section V - Instructions for Providing Proofs of Purchase to Settlement Administrator

You may submit a Proof of Purchase or Proofs of Purchase to the Settlement Administrator in one of three ways.

1. Electronically uploaded through the www.WirelessEarphonesSettlement.com with your online claim.
2. Via email to info@WirelessEarphonesSettlement.com. Please include your Claimant Identification Number or copy of your Claim Form with the Proof or Proofs.
3. Mail to: *Wireless Earphones Settlement Administrator, 1650 Arch St., Ste 2210, Philadelphia, PA 19103*. Please include your Claimant Identification Number or copy of your Claim Form with the Proof or Proofs of Purchase.

Section VI – Manner of Transmission of Funds

Payment will be by PayPal or direct deposit (ACH), unless you request a paper check. You acknowledge that if you do not choose direct deposit (ACH) or PayPal, you may not receive payment as quickly and that the Settlement Administrator will not be responsible for Settlement checks that do not arrive by U.S. mail and may not reissue checks that are claimed as lost or stolen.

For PayPal

Please provide the email address associated with your PayPal account (if applicable):

PayPal Email

Initials

For Direct Deposit (ACH):

Due to the nature and scope of the information required to effectuate Direct Deposit (ACH) payments, this option is only available by submitting a claim using the settlement website www.WirelessEarphonesSettlement.com.

If you do not elect PayPal check the box below:

I wish to receive payment by check sent via U.S. mail.

If you select check, the check will be provided to the “current” contact information you provided in Section 1.

Section VII – Additional Required Affirmations

By completing this Claim Form, you are attesting, under penalty of perjury of the laws of the State of California, that the content in this Claim Form is true and correct to the best of your abilities.

IF SUBMITTED BY U.S. MAIL:

I agree that, by submitting this Claim Form, I declare under the penalty of perjury of the laws of the State of California and the United States that the information in this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review. Through the submission of this form, I also attest under the penalty of perjury that I have received notice of the class action Settlement in this case.

Dated: _____

Signature: _____