

Valcarcel v. Beyond Illusion LLC d/b/a Museum of Illusions New York, et al.

Supreme Court of the State of New York, County of New York

Index No. 655436/2024

Settlement Claim Form

If you are a Settlement Class Member and wish to receive a cash payment, your completed Claim Form must be postmarked on or before January 2, 2026, or submitted online on or before January 2, 2026.

Please read the full notice of this settlement (available at www.MuseumOfIllusionsNewYorkTicketFeeSettlement.com) carefully before filling out this Claim Form.¹ Please read the full notice of this settlement (available at www.MuseumOfIllusionsNewYorkTicketFeeSettlement.com) carefully before filling out this Claim Form.

To be eligible to receive a cash payment from the settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail.

ONLINE: Submit this Claim Form (available at www.MuseumOfIllusionsNewYorkTicketFeeSettlement.com).

MAIL: Museum of Illusions New York Ticket Fee Settlement Administrator
1650 Arch Street, Suite 2210,
Philadelphia, PA 19103

PART ONE: CLAIMANT INFORMATION & PAYMENT METHOD ELECTION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

POTENTIAL CASH PAYMENT: You may be eligible to receive a *pro rata* cash payment, which will be based on the total amount of Processing Fees you paid, if you paid a Processing Fee in connection with purchasing

¹ Unless otherwise defined herein, all capitalized terms shall have the meaning set forth in the Settlement Agreement which can be viewed at www.MuseumOfIllusionsNewYorkTicketFeeSettlement.com.

tickets online through the Museum of Illusions New York Website from August 29, 2022, to and through April 30, 2024.

PREFERRED PAYMENT METHOD:

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

- ☐ **Venmo** – Venmo Username: _____
- ☐ **PayPal** – PayPal Email: _____
- ☐ **Zelle** – Mobile number or email associated with your Zelle account: _____
- ☐ **Virtual Prepaid Card** – Email Address: _____
- ☐ **Check** – A check will be mailed to your mailing address above.

PART TWO: ATTESTATION

I declare that: (i) between August 29, 2022, to and through April 30, 2024, I paid a Processing Fee when purchasing tickets online through the Museum of Illusions New York Website; (ii) all of the information on this Claim Form is true and correct to the best of my knowledge; and (iii) I am authorized to submit this Claim Form and have not assigned or transferred any rights, claims, or remedies I may be entitled to as a Settlement Class Member in this settlement. I understand that my Claim Form may be subject to audit, verification, and Court review.

SIGNATURE

DATE

Please keep a copy of your Claim Form for your records.