

Claim Form
Freeman v. Belcampo Group, Inc
Los Angeles County Superior Court
Case No. 21STCV21508

If you are a Settlement Class Member and wish to receive a payment, your completed Claim Form must be postmarked on or before October 12, 2024, or submitted online at www.BelcampoSettlement.com on or before October 12, 2024.

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

To be eligible to receive any benefits from the settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail:

ONLINE: Visit www.BelcampoSettlement.com and submit your claim online.

MAIL: *Belcampo Settlement Administrator*
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

PART ONE: CLAIMANT INFORMATION

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.

CPT ID: _____ (as referenced on the Notice you received)

FIRST NAME: _____ LAST NAME: _____

CURRENT STREET ADDRESS: _____

CURRENT CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

PART TWO: CLAIM INFORMATION

To qualify for a cash payment, you must have made a purchase at one of Defendant's locations in California between January 1, 2020, and May 31, 2021.

Only one Authorized Claimant per Household is entitled to receive a Settlement Benefit unless otherwise agreed to by the parties. If more than one Claim is received from a Household, the Settlement Administrator may contact any Claimant to request additional information and documentation to determine the validity of any Claim. However, in no event following the Settlement Administrator's investigation shall Belcampo be required to pay more than two Claims from one Household.

Please Select only one option below. If you do not attach proof of purchase your claim will be considered for Option A only.

Option A: Submit your Claim *without* Proof of Purchase for a maximum claimed amount of up to \$3.00.

- Provide the store address at which you claim you purchased a product from Defendant:

STORE ADDRESS (INCLUDE CITY STATE AND ZIP)

- Provide the approximate date of your purchase: _____
- Please provide a description of the item(s) you purchased on the date provided above:

Option B: Submit your Claim *with* Proof of Purchase for a maximum claimed amount of up to \$10.00.

- Provide the store address at which you claim you purchased a product from Defendant:

STORE ADDRESS (INCLUDE CITY STATE AND ZIP)
- Provide the date of your purchase: _____
- Please provide a description of the item(s) you purchased on the date provided above:

Attach Proof of Purchase*

**Valid proof of purchase may include a receipt, a copy of the purchase on your credit or bank statement, or other document you believe provides evidence of your purchase.*

PAYMENT METHOD: Should your claim be approved, your cash payment will be issued in the form of a paper check and mailed to the address listed on page 1 of this Claim Form. Please provide updated information to the Settlement Administrator, if needed.

If you would like payment in a different form, for example, Paypal, Venmo or Direct Deposit, please file your Claim Form electronically through the Settlement Website at **www.BelcampoSettlement.com**.

PART THREE: ATTESTATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that: (i) I purchased at least one item from a Belcampo store location in California between January 1, 2020, and May 31, 2021; and (ii) all of the information on 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.

_____/_____/_____
SIGNATURE DATE

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