IMPORTANT LEGAL MATERIALS

CLAIM FORM

GENERAL INSTRUCTIONS

If you choose to complete and return this Claim Form, it must be submitted to the following along with any supporting documentation: [administrator name and address] or can be submitted via the **Settlement Website, www.xxx.com**. **Claim Forms must be POSTMARKED OR SUBMITTED ONLINE NO LATER THAN** [date] **at 11:59 p.m., Pacific Time**.

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Settlement Notice ("the Notice") available at www.xxxxx.com. Defined terms used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

If you fail to timely submit a Claim Form, you will not be eligible to receive any Settlement Benefit. If you are a member of the Settlement Class and you do not timely and validly seek to opt-out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. To receive the most current information and regular updates, please visit the Settlement Website at www.xxxt.com.

The information will not be disclosed to anyone other than the Court, the Settlement Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement (such as to audit and review a claim for completeness, truth, and accuracy).

Claimant Information

Claimant Name: _____
First Name MI Last Name

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: __ __ __-__ __ __-__ __ __ __ E-Mail Address: _____

Notice ID Number (if applicable): _____
If you received an email or postcard notice, the Notice ID Number appears on that notice

Cash Benefits

Cash Benefit

Did you purchase or use the SpeedControl Dial between April 1, 2022 and [date of preliminary approval order]?

☐ Yes or ☐ No

Repair/Replacement Reimbursement

Did you incur any out-of-pocket expenses to repair or replace a SpeedControl Dial between April 1, 2022 and [date of preliminary approval order]?

☐ Yes or ☐ No

List the amount and approximate date of each claimed expense:

Amount	Approximate Date (dd/mm/yyyy)	Have you attached proof of expense?
		☐ Yes or ☐ No
		☐ Yes or ☐ No
		☐ Yes or ☐ No

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:

Mobile Number: __ __ __-__ __ __-__ __ __ __ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address provided in the Claimant Information section above.

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of the United States District Court for the Eastern District of Louisiana.

Certification under Penalty of Perjury

I hereby certify under penalty of perjury that:

1. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
2. The additional documentation information provided to the Settlement Administrator to support my Claim is original or else a complete and true copy of the original(s);
3. I am not a Settlement Class Member (a) who has pending litigation against Defendants or United Seating and Mobility, LLC d/b/a NuMotion; (b) who submitted a timely request for exclusion; (c) is a current officers, directors, shareholders of Defendants; (d) is any legal counsel or employee of legal counsel for Defendants; (e) a federal, state, or local government entity; or (f) a judicial officer presiding over the Action or the members of their immediate family and judicial staff.
4. I have not submitted any other Claim for the same Settlement Benefits and have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf;
5. I understand that by not opting out of the Settlement, I am subject to the Release provisions of the Settlement; and
6. I understand that Claims will be audited for veracity, accuracy, and fraud. Claim Forms that are not valid and/or illegible may be rejected. I agree the Settlement Administrator may contact me for further information.

Signature: _____ Dated: _____/_____/_____