CLAIM FORM

SECTION I - INSTRUCTIONS

Genesis Martinez v. Ralph Lauren Corporation, Case No. 2021-L-000005 Sixteenth Judicial Circuit, Kane County, Illinois

IMPORTANT: YOUR CLAIM FORM MUST BE SUBMITTED TO THE CLAIMS ADMINISTRATOR NO LATER THAN MARCH 20, 2023 TO BE CONSIDERED TIMELY AND VALID. YOUR FAILURE TO SUBMIT A TIMELY CLAIM FORM WILL RESULT IN YOU FORFEITING ANY PAYMENT AND BENEFITS FOR WHICH YOU MAY BE ELIGIBLE UNDER THE SETTLEMENT.

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

- 1. Electronically through <u>www.RalphLaurenBiometricsSettlement.com</u>.
- 2. Via email to info@RalphLaurenBiometricsSettlement.com. Please fill out the enclosed pages, scan the document in its entirety, and include the form as an attachment.
- 3. Mail to: Ralph Lauren Biometrics Settlement, c/o Analytics Consulting LLC, P.O. Box 2002, Chanhassen, MN 55317-2002.

SECTION II - SETTLEMENT CLASS MEMBER INFORMATION

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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. By providing contact information, you agree that the Settlement Administrator may contact you about your claim.

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SECTION III - MANNER OF TRANSMISSION OF FUNDS

Payment will be by PayPal or direct deposit, unless you request otherwise. You acknowledge that if you do not choose direct deposit or PayPal, you may not receive payment as quickly. Also, the Settlement Administrator is not responsible for Settlement checks that do not arrive and will not reissue checks that are lost or stolen.

For PayPal

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

For Direct Deposit:

Please provide your relevant routing and account number.

Routing (if applicable)

Account (if applicable)

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If you do not elect PayPal or Direct Deposit, check below:

I wish to receive payment by check.

If you select check, the check will be provided to the "current" contact information you provided in Section II.

SECTION IV – REQUIRED AFFIRMATIONS

I agree that, by submitting this Claim Form, 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. I am aware that I can view a copy of the Mail Notice and Settlement Agreement at <u>www.RalphLaurenBiometricsSettlement.com</u> or by writing the Settlement Administrator at the email address info@RalphLaurenBiometricsSettlement.com or the postal address Ralph Lauren Biometrics Settlement, c/o Analytics Consulting LLC, P.O. Box 2002, Chanhassen, MN 55317-2002.

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Signature	Date Signed	
	MM DD YYYY	

SETTLEMENT ADMINISTRATOR ADDRESS (where to send the completed form if submitting by mail):

Ralph Lauren Biometrics Settlement c/o Analytics Consulting LLC P.O. Box 2002 Chanhassen MN 55317-2002