

RIZZIERI INSTITUTE, INC. PROOF OF CLAIM FORM

THE DEADLINE TO SUBMIT THIS CLAIM FORM IS DECEMBER 27, 2018

This is the official claim form you must use to make a claim in the lawsuit captioned as *Regis Fitzgerald v. Rizzieri Institute, Inc. et al.*, Civil Action No. Cam-L-3646-16, which was filed in the Superior Court of New Jersey, Law Division, Camden County. Please read this form carefully before filling it out. In order to qualify for relief under the class settlement you must have received and paid for a service at the Rizzieri Aveda School located at Voorhees Town Center, 8200 Town Center Blvd., 2nd Floor, Voorhees Township, New Jersey 08043 between October 6, 2010 and August 29th, 2018. The responses and information you provide to the questions set out below are designed to permit you to make a claim. If you have any questions, please contact the Claims Administrator via mail at 1650 Arch Street, Suite 2210, Philadelphia, PA 19103 or via email at info@RizzieriSettlement.com.

THIS COMPLETED FORM MUST BE POSTMARKED, E-MAILED, OR FAXED NO LATER THAN DECEMBER 27th, 2018

PERSONAL INFORMATION OF THE CLAIMANT:

State your full name, present address, and either a phone number or e-mail address at which you may be contacted by the Claims Administrator, if necessary:

<input type="text"/>		<input type="text"/>	
First Name		Last Name	
<input type="text"/>			
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	
<input type="text"/>	<input type="text"/>		
()	E-Mail Address		
Phone Number			

ELIGIBILITY TO PARTICIPATE IN THE SETTLEMENT:

I received and paid for a service at the Rizzieri Aveda School clinic Voorhees Town Center, 8200 Town Center Blvd., 2nd Floor, Voorhees, New Jersey 08043 between October 6, 2010 and August 29, 2018.

YES

NO

PLEASE CONTINUE TO THE NEXT PAGE TO COMPLETE YOUR CLAIM FORM

Defendants have agreed that each class member who submits a timely, valid Claim Form will have the right to receive a monetary refund of up to \$15 by check or up to six \$5 Service Vouchers (for a total value of \$30 in Service Vouchers). The Service Vouchers will be valid for a period of two years from the date of receipt and are transferable.

To be eligible for relief, you must sign and return this claim form no later than **December 27th, 2018**.

Please check **ONE** of the following:

I choose to receive
the **check** option

I choose to receive
the **voucher** option

TO COMPLETE YOUR CLAIM, PLEASE COMPLETE AND SIGN THIS FORM AND RETURN, BY EITHER EMAIL, FAX OR UNITED STATES REGULAR MAIL, TO THE ADDRESS, FAX NUMBER OR EMAIL ADDRESS SET FORTH BELOW BEFORE THE CLAIM DEADLINE.

BY SIGNING HERE YOU ARE DECLARING UNDER OATH THAT THE FOREGOING INFORMATION IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE: _____ DATE: _____

Return the completed claim form to:

Rizzieri Settlement
c/o Claims Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Email: info@RizzieriSettlement.com

Facsimile: (215) 525-0209