

APPENDIX B

Claim Form

**VIBRAM FIVEFINGERS CLASS ACTION SETTLEMENT
CLAIM FORM**

You can also file online at: www.FiveFingersSettlement.com

You must complete this form by providing all required information below. If submitting a claim for more than two (2) pairs of eligible Vibram FiveFingers™ footwear that you purchased, you must send a receipt or other proof of purchase for any additional pairs over two (2) with this Claim Form. Do NOT send original receipts – photocopies are required. **All claim forms must be postmarked or electronically submitted no later than September 24, 2014.** If mailing, please return this claim form to:

Vibram FiveFingers Class Action
Settlement Administrator
P.O. Box 449
Philadelphia, PA 19105-0449

CLASS MEMBER INFORMATION

Name:		_____			
		First Name	MI	Last Name	
Address:		_____			
City:	_____	State:	_____	Zip Code:	_____ - _____
Telephone Number:	(____) _____ - _____	E-mail Address:	_____		

PURCHASE INFORMATION – ELIGIBLE VIBRAM FIVEFINGERS FOOTWEAR

<u>Eligible Vibram FiveFingers footwear</u> Indicate number of pairs purchased if more than one		<u>Location(s) Purchased</u> (if known)
<input type="checkbox"/> Alitza # _____	<input type="checkbox"/> KSO Trek # _____	<input type="checkbox"/> www.vibramfivefingers.com <input type="checkbox"/> Vibram company store <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Bikila # _____	<input type="checkbox"/> Lontra # _____	
<input type="checkbox"/> Bikila EVO # _____	<input type="checkbox"/> SeeYa # _____	
<input type="checkbox"/> Bikila EVO WP # _____	<input type="checkbox"/> SeeYa LS # _____	
<input type="checkbox"/> Bikila LS # _____	<input type="checkbox"/> SeeYa LS Night # _____	
<input type="checkbox"/> Classic # _____	<input type="checkbox"/> Signa # _____	
<input type="checkbox"/> Classic Smartwool # _____	<input type="checkbox"/> Speed # _____	
<input type="checkbox"/> EL-X # _____	<input type="checkbox"/> Speed XC # _____	
<input type="checkbox"/> Estrada # _____	<input type="checkbox"/> Sprint # _____	
<input type="checkbox"/> Flow # _____	<input type="checkbox"/> Spyridon # _____	
<input type="checkbox"/> Fresca # _____	<input type="checkbox"/> Spyridon LS # _____	
<input type="checkbox"/> Jaya # _____	<input type="checkbox"/> Spyridon MR # _____	
<input type="checkbox"/> Komodo Sport # _____	<input type="checkbox"/> Trek LS # _____	
<input type="checkbox"/> Komodo Sport LS # _____	<input type="checkbox"/> TrekSport # _____	
<input type="checkbox"/> KMD Sport # _____	<input type="checkbox"/> TrekSport Sandal # _____	
<input type="checkbox"/> KMD Sport LS # _____	<input type="checkbox"/> V-On # _____	
<input type="checkbox"/> KSO # _____	<input type="checkbox"/> Vybrid Sneak # _____	
<input type="checkbox"/> KSO EVO # _____		

Reminder: Send in proof of purchase if you are submitting a claim for more than two (2) pairs of Vibram FiveFingers™ footwear.

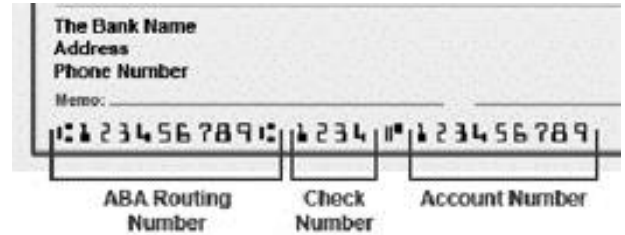


You may elect to receive your payment by Automatic Clearing House (“ACH”) or by check mailed to your address provided above.

To receive payment via ACH, please provide your bank account information for payment via ACH. (See graphic illustration at right. Please check with your financial institution for your routing number if you are unsure.)

Your bank routing number: _____

Your bank account number: _____



LEAVE THIS SECTION BLANK IF YOU PREFER TO RECEIVE YOUR PORTION OF THE SETTLEMENT FUND BY CHECK VIA U.S. MAIL.

AFFIRMATION

I declare or affirm, under penalty of perjury, that the information in this claim form is true and correct to the best of my knowledge and that I purchased the applicable product(s) claimed above from March 21, 2008 up to and including May 27, 2014.

I understand that the decision of the Class Action Settlement Administrator is final and binding and that my claim form may be subject to audit, verification and Court review.

Signature: _____ Date: _____

Payment amounts to eligible Class Members will vary depending upon, among other factors, the number and amounts claimed by all Class Members and other adjustments and deductions as specified in the Settlement Agreement.

CLAIM FORMS MUST BE POSTMARKED OR SUBMITTED ONLINE BY SEPTEMBER 24, 2014

QUESTIONS? CALL 844-491-5740 OR VISIT www.FiveFingersSettlement.com

