

CLAIM FORM***Steven Liptai v. Spectrum Brands Holdings, Inc., et al. – Case No. 2018CV000321***

To request a partial refund of up to \$4 under the proposed class settlement, you must complete, sign, and submit this Claim Form online or by mail by no later than February 28, 2019.

CONTACT INFORMATION**(Please type or print the following information): Fields marked with a (*) are required*****Name:**

First Name _____ MI _____ Last Name _____

***Address:**

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____ Zip4 (optional) _____

Daytime Telephone (_____) _____ - _____ Evening Telephone (_____) _____ - _____

Email Address:** _____ @ _____ . _____*All claim forms mailed in without a valid and/or legible email address will be considered invalid.****CLAIM INFORMATION**

To request a partial refund of up to \$4 (one per household/physical address), please state the brand, model number, and approximate purchase date, to the extent known, of the Black & Decker and Farberware brand small kitchen appliances that you purchased between February 5, 2014 and October 19, 2018, and then sign this Claim Form under penalty of perjury. Please note that, depending on the number of approved claims, the benefit may be less than \$4.

***Brand:** _____ ***Model:** _____ ***Approx. Date of Purchase:** _____**PAYMENT INFORMATION**

Please select how you would like to receive your payment:

 Direct Deposit Routing No.: _____ Account No.: _____ **PayPal** Email: _____ **Zelle** Email: _____ **Venmo** Email: _____ Other

If you want to get your payment as fast as possible, please select 1 of the first 4 payment options. If you choose the "Other" option, we will contact you in approximately 6 months about alternatives if the settlement and your claim are approved.

CERTIFICATION

I swear under penalty of perjury of the laws of the United States that I purchased the Black & Decker and/or Farberware brand small kitchen appliance(s) described above between February 5, 2014 and October 19, 2018 and that all the information on this form is true and correct to the best of my knowledge.

Signature _____

Date _____

Mail this completed Claim Form to: Liptai Settlement, 8001 Broadway, Suite 200, Merrillville, IN 46410

REVIEW AND DETERMINATION OF CLAIMS: The Settlement Administrator will review all Claim Forms that are postmarked by or submitted online on or before **February 28, 2019**. Claim Forms that are not timely submitted will be rejected. Invalid claim forms and illegible claim forms may be rejected. The Settlement Administrator is entitled to confirm information supplied in Claim Forms to determine eligibility.

Visit www.LiptaiClassSettlement.com or call 1-877-342-0827 for further information.