

SMITH, et al. v. COSTA DEL MAR, INC. SETTLEMENT
CLAIM FORM FOR FLORIDA PURCHASE CLASS

To receive benefits from the Settlement Fund, please complete this Claim Form and submit it by U.S. Mail to the address below. You may also submit a Claim Form online through the online claims submissions portal by visiting www.SunglassesSettlement.com. The deadline to file a claim online or via email is **11:59 p.m. ET on January 31, 2021**. If you send in a Claim Form by regular mail, it must be postmarked on or before **January 31, 2021**.

PART I – CONTACT INFORMATION

*First Name:

*MI:

Business Name:

*Address:

*City:

*State:

*ZIP Code:

Contact Phone Number:

Email Address:

PART II – CLASS DEFINITION

The **Florida Purchase Class** includes all citizens of Florida who purchased Costa brand non-prescription, non-promotional sunglasses (“plano sunglasses”) from July 28, 2013 to January 31, 2018. All Costa plano sunglasses are included in the Florida Purchase Class, except the class does not include USA Limited Edition, Kenny Chesney Limited Edition, and Oearch Special Collection sunglasses.

PART III – NUMBER OF PURCHASES

In the box below, please specify the number of purchases of Costa sunglasses you are claiming.

Number of purchases

Notes: You are required to submit verifiable proofs of purchase if claiming **more than** five (5) purchases.

If you, by definition, would fall into both the Florida Repair Class and Florida Purchase Class for a single pair of sunglasses, you are only entitled to a Product Voucher from the Florida Repair Class for that single pair of sunglasses. The Florida Repair Class is comprised of all citizens of Florida who purchased Costa plano sunglasses before January 1, 2018 and were charged a fee by Costa, from July 28, 2012 through the date of entry of the Court’s Final Order, to repair or replace their Costa plano sunglasses damaged by accident, normal wear and tear, or misuse.

PART IV – ATTESTATION

*I declare under penalty of perjury that, to the best of my knowledge, information, and belief, the information I have listed on this Claim Form is true and correct.

*Signature:

*Date:

***Denotes Information You Must Provide To Have A Valid Claim**

To submit by U.S. Mail, send the completed Claim Form to the following address:

Smith v. Costa Del Mar, Inc. Settlement
Settlement Administrator
P.O. Box 3259
Portland, OR 97208-3259