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MUST BE
POSTMARKED
NO LATER THAN
JUNE 6, 2019

APPENDIX B

Dashnaw, et al. v. New Balance Athletics, Inc.
**United States District Court for the
Southern District of California
Case No. 3:17-cv-00159-L-JLB**

For Office Use
Only

CLAIM FORM

Use this Claim Form if you bought at least one pair of eligible New Balance “Made in USA” shoes in California between **December 27, 2012 to January 24, 2019**. The eligible New Balance shoes are listed at the end of this form. Please refer to this list before filling out this form.

Submit this Claim Form to the Settlement Administrator by first class U.S. mail to the address below so that it is postmarked no later than **June 6, 2019**. Alternatively, you can submit a claim online at www.ShoeSettlement.com no later than **June 6, 2019**.

Re: *Dashnaw v. New Balance Athletics, Inc.*
c/o Settlement Administrator
PO Box 42220
Philadelphia, PA 19101-220

Payment amounts to eligible Class Members will vary depending upon the number of Claim Forms and amounts claimed by all Class Members and other adjustments and deductions as specified in the proposed Settlement. The maximum award amount per pair of “Made in USA” shoes purchased—up to five (5) purchases per person—is \$10. If your claim is approved, it will be paid by check.

CLAIM INFORMATION

Class Member Information

First Name	MI	Last Name

Mailing Address Number and Street		

City	State	Zip Code

(_____) _____ -- _____		
Telephone Number		

Email Address		

Option A: If you only purchased *one pair* of “Made in USA” shoes between December 27, 2012 and January 24, 2019, select Option A. If you select Option A, you are **not** initially required to submit proof of purchase.



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Option B: If you purchased *more than one pair* of “Made in USA” shoes between December 27, 2012 and January 24, 2019, you may submit a claim for **up to five (5) pairs**. If you want to submit a claim for more than one pair, select Option B. If you select Option B, you are required to submit a proof of purchase.

You must select either Option A or Option B

[] **Option A** Submit your claim without proof of purchase and receive up to \$10.

Option A: PURCHASE INFORMATION – NEW BALANCE SHOES		
Eligible New Balance Shoe Model	Location Purchased (store/website), City, State	Date of Purchase mm/dd/yyyy
	_____ Store/Website _____ City ST	____ / ____ / ____

[] **Option B** Submit your claim by completing the purchase information below and include a valid proof of purchase for each eligible New Balance Shoe model, up to a total of 5 pairs. Please include one of the following for each:

- a receipt,
- photograph of the eligible New Balance Shoes,
- a photocopy of the purchase order or your credit card statement.

If you do not include proof of purchase your claim may be deemed invalid at the discretion of the Settlement Administrator.

Option B: PURCHASE INFORMATION – NEW BALANCE SHOES			
Eligible New Balance Shoe Models	Quantity Purchased	Location Purchased (store/website), City, State	Date of Purchase mm/dd/yyyy
		_____ Store/Website _____ City ST	____ / ____ / ____
		_____ Store/Website _____ City ST	____ / ____ / ____
		_____ Store/Website _____ City ST	____ / ____ / ____
		_____ Store/Website _____ City ST	____ / ____ / ____
		_____ Store/Website _____ City ST	____ / ____ / ____



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Option B: PURCHASE INFORMATION – NEW BALANCE SHOES			
Eligible New Balance Shoe Models	Quantity Purchased	Location Purchased (store/website), City, State	Date of Purchase mm/dd/yyyy
		City _____ ST _____	

Please note: The Settlement Administrator may, at its discretion, request proof of purchase to validate your claim even if you choose Option A. The Settlement Administrator may also request additional proof of purchase if you choose Option B. If requested, you must provide proof of purchase within 35 days of such a request or your claim could be reduced or denied.

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 between December 27, 2012 and January 24, 2019. I understand that my Claim Form may be subject to audit, verification, and Court review.

Signature

____ / ____ / ____
Date

Questions? Visit www.shoesettlement.com or call (844) 271-4789.

ELIGIBLE NEW BALANCE SHOE MODELS			
601	M587	ML996	W1140
M1140	M770	ML997	W1290
M1290	M990	MR1105	W1400
M1300	M991	MR993	W1540
M1400	M995	MW812	W3040
M1540	M996	PM15	W498
M1700	M997	PM16	W587
M2040	M9975	US574	W990
M3040	M998	US576	W998
M498	MK706	US990	WK706
M574	ML1300	US993	WR993
M585	ML1978	US998	WW812