

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

In re Tommie Copper Products Consumer
Litigation

Lead Case No.: 7:15-cv-03183-AT

CLAIM FORM AND INSTRUCTIONS

In order for you to qualify to receive a payment related to *In re Tommie Copper Products Consumer Litigation*, as described in the Notice of this Settlement (the “Class Notice”), you must file a Claim Form, as described below, to process your claim.

REQUIREMENTS FOR FILING A CLAIM FORM

Your claim will only be considered upon compliance with all of the following conditions:

1. Please review the Notice of Proposed Class Action Settlement (the “Notice”) and have the Notice with you when you complete your Claim Form. A copy of the Notice is available at www.TommieCopperSettlement.com
2. You must accurately complete all required portions of this Claim Form.
3. You must sign this Claim Form, which includes the Certification.
4. By signing and submitting this Claim Form, you are certifying under penalty of perjury that you purchased one or more Tommie Copper Products directly from Defendants at its retail store, from www.tommiecopper.com or by calling a toll free number in response to a television advertisement on or after April 11, 2011 and ending on December 19, 2017.
5. In order for you to receive a cash payment or cash recovery enhancement as part of this Settlement, you must complete and submit a completed form online at www.TommieCopperSettlement.com or mail the completed and signed Claim Form and Certification by First Class U.S. Mail, postage prepaid, postmarked no later than March 19, 2018 to:

Tommie Copper Class Action Settlement
c/o Classaura Class Action Administration
1718 Peachtree St #1080
Atlanta, GA 30309

6. Your failure to complete and submit the Claim Form postmarked by March 19, 2018 will preclude you from receiving any payment in this Settlement. So that you will have a record of the date of your mailing of the Claim Form and its receipt by the Claims Administrator, you are advised (but are not required) to use certified mail, return receipt requested.

Submission of this Claim Form does not assure that you will share in the payments related to *In re Tommie Copper Products Consumer Litigation*. If the Claim Administrator denies your Claim, you have the right to present information in a dispute resolution process. For more information about this process, see Paragraph 5.9 of the Settlement Agreement, which is available for review at www.TommieCopperSettlement.com.

PART A: CLAIMANT INFORMATION

Provide your name and additional information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

Please Print or type

I, _____, state as follows:

LAST NAME (Claimant)*

FIRST NAME (Claimant)*

Current Address*

Current City*

State*

Zip Code*

Telephone Number (Day)

Telephone Number (Night)

Email Address*

IDENTITY OF CLAIMANT (Check Appropriate box)
 Individual Legal Representative (attach information showing authority to submit claim) Other (specify on separate sheet)

Claim Number

If we emailed you a claim number, please enter it here.
You do not need a claim number to file a claim.

Note if your email address at the time of purchase is different from your current email address, please list your old email address: _____

PART B: PURCHASE INFORMATION

- To be eligible for a payment you must not have previously received a refund for your purchase of Class Product.
- To qualify for a cash award, you must have purchased one or more of Tommie Copper clothing and compression wear products made with copper infused fabric, in any package, size, or iteration (the “Tommie Copper Products”) directly from Defendants through the internet, telephone or at the Tommie Copper retail location in Westchester, New York, between April 11, 2011 and December 19, 2017 including: Crew Compression Socks, Calf Compression Socks, Back Braces, Men’s Long Sleeve Compression Shirts, Women’s Long Sleeve Compression Shirts, Women’s Compression Tights, Wrist Compression Sleeves, Ankle Compression Sleeves, Calf Compression Sleeves, Elbow Compression Sleeves, Knee Compression Sleeves, Men’s Compression Under-Shorts, Women’s Compression Shorts, Men’s Compression Shirts, Women’s Compression Shirts, Half Finger Compression Gloves, and Full Finger Compression Gloves (collectively, the “Tommie Copper Products”).
- You may make a claim for one of the following:
 - a. For Settlement Class Members who provide a copy of the receipt or a retail rewards submission memorializing the purchase of the Tommie Copper Products or your purchase(s) appear in Defendant’s records (collectively “Proof of Purchase”), Tommie Copper will issue a monetary refund of \$10.00 for every Tommie Copper Product purchased.
 - b. For Settlement Class Members without Proof of Purchase, valid receipt, or a retail rewards submission memorializing the purchase of the Tommie Copper Products, or whose purchase(s) does (do) not appear

in Defendant's records, but who complete this Claim Form under penalty of perjury, Tommie Copper will issue a monetary refund of \$5.00 in cash. Settlement Class Members without Proof of Purchase can submit a maximum of one (1) claim, with a maximum of two (2) claims per household.

- c. Alternatively, and with a Proof of Purchase, in lieu of receiving a cash payment, Settlement Class Members may apply their cash recovery to an on-line purchase of Tommie Copper products at www.tommiecopper.com. Settlement Class Members who apply their cash recovery to a product purchase will receive a 40% enhancement credit on the cash recovery good toward the purchase of Tommie Copper products (the "Cash Recovery Enhancement"). For example, if a Class Member presents written proof of purchase for two products for a total cash payment of \$20.00, the Class Member could apply that cash payment, plus \$8.00, for a total of \$28.00 (\$20.00 + 40%), toward the purchase of Tommie Copper products.

- Please fill out this chart identifying the purchase transaction(s) for which you are making a claim:

TOTAL NUMBER OF SUBJECT PRODUCTS

Write the **total number** of each of the Tommie Copper Products you purchased on or after April 11, 2011 and December 19, 2017 next to the name(s) of the Subject Products you purchased in the chart below:

Name/Type of Product Purchased	Purchased Online or by Toll-Free Telephone Number (Yes/No)	Number of Products Purchased	Approximate Date of Purchase	State of Purchase	Place of Purchase (Name of Retailer)

Please choose one of the following:

- (a) Check here if you are requesting a \$10.00 payment for each Class Product purchased by enclosing Proof of Purchase documentation for all items purchased with this claim form or if you claim your purchases appear in Defendant's records:

- If you are making a claim with a Proof of Purchase, you can either: (1) e-mail a copy of your receipt(s) or retail rewards submission memorializing the purchase of the Tommie Copper Products along with this Claim Form to contact@tommiecoppersettlement.com; or (2) mail the receipts or other Proof of Purchase along with this Claim Form to: Tommie Copper Products Litigation Administrator, 1718 Peachtree St #1080, Atlanta GA 30309.
- You purchases may appear in Defendant's records if you purchased Class Product directly from the website at www.tommiecopper.com or by calling a toll free number in response to a television advertisement

- (b) Check here if you are requesting a \$5.00 payment without Proof of Purchase:

(c) Check here if you are requesting a 40% enhancement credit on the cash recovery good toward the purchase of Tommie Copper products (the "Cash Recovery Enhancement"). You will be provided a one time purchase code to be used on Tommie Copper's website :

***Failure to include Proof of Purchase for claims will result in the reduction of your claims.**

***Submission of false or fraudulent information may result in the claim being rejected in its entirety.**

PART C: CERTIFICATION UNDER PENALTY OF PERJURY

I have read and am familiar with the contents of the Instructions accompanying this Claim Form and I certify under penalty of perjury that the information I have set forth in the foregoing Claim Form and in documents attached by me are true, correct and complete to the best of my knowledge.

I certify that the Claimant purchased Tommie Copper Products on or after April 11, 2011 to December 19, 2017, directly from Defendant at www.tommiecopper.com or by calling a toll-free number in response to a television advertisement or in person at the following location: _____
(Name of Retailer(s) and State(s) of purchase)

The number of Tommie Copper Products purchased directly from Defendants between April 11, 2011 and December 19, 2017 is _____. [Insert Quantity]

I am not an officer, director, agent, servant or employee of the Tommie Copper, Inc. or any related entity thereof; a judge in this lawsuit; or an immediate family member of such persons; I did not purchase Tommie Copper Products for resale or distribution to others; I have not received a refund for the Tommie Copper Product(s) indicated on this Claim Form; and I have not requested exclusion from the Settlement.

I certify under penalty of perjury under the laws of the United States that all of the information provided on this Claim Form is true and correct to the best of my knowledge this ____ day of _____, 2018.

Signature

Print name here: _____

If the Claimant is other than an individual, or if the Claimant is not the person completing this form, the following must also be provided:

Name of person signing: _____

Capacity of person signing: _____
(Executor, President, Trustee, etc.)

ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above Claim Form.
2. Enclose a copy of your proof(s) of purchase, if you have them, along with the Claim Form.
3. Keep a copy of your Claim Form and supporting documentation for your records.
4. If you move or your name changes, please send your new address, new name or contact information to the Claim Administrator via the Settlement Website, mail or by calling the Claims Administrator's toll-free telephone number, each listed in the Notice.

*Fields or Sections are Required to be Completed.

REMINDER

If you don't postmark this Claim Form on or before March 19, 2018,
your claim for payment will be rejected.