



400546199999999991

In re JUUL Labs, Inc.
Class Action Settlement

RETAIL PURCHASER CLAIM FORM

Section I. Claimant Information (All Fields Required)

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Phone Number	Date of Birth
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	MM DD YY

Section II. Retail Expenditure Information (All Fields Required)

Please provide the following information about your Purchases of JUUL Products.

Month, day, and year you first purchased JUUL Products:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
MM		DD		YY

Month, day, and year you last purchased JUUL Products:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
MM		DD		YY

Please provide the following information about the number of JUUL products you purchased **on average in a year**.

- Provide only the number of products you purchased *per year*. Do not provide the total number of JUUL products purchased in multiple years.
- Do not provide the dollar amount you spent on such Products. Please only provide yearly average **quantities** for each product you purchased.



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Product Type	NUMBER of Products Purchased on Average in a Year (NOT Dollars Spent) from a retailer <u>other than</u> the JUUL website				
JUUL Pods (4 pack)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
JUUL Pods (2 pack)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
Starter Kit (Device, USB Charger, 4 JUUL Pods)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
Starter Kit (Device, USB Charger, 2 JUUL Pods)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
Basic Kit/Device Kit (Device plus USB Charger)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
USB Charger	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
Charging Case	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

The device quantities above will be used to determine your Retail Expenditure using pricing data from JUUL. If you prefer to submit your claim based on proofs of purchase, you may leave the above fields blank and submit your documentation.

If you do not provide proofs of purchase, you will only receive a claim based on the maximum allowable amount of retail purchases (in addition to the amounts you purchased from the JUUL website, if any).

Preferred Method of Receiving your Settlement Payment

Amazon PayPal Venmo Direct Deposit Mastercard Paper Check

If you do not make a selection, you will receive a Paper Check via mail to the address you provided.

Notice: All claims are subject to audit by the Settlement Administrator. If your claim is subject to audit for any reason, the Settlement Administrator will notify you at the email or mailing address provided. Failure to respond may result in your claim being disallowed, in whole or in part.

To submit your claim, you may mail to:

In re JUUL Labs, Inc.
Settlement Administrator
P.O. Box 5730
Portland, OR 97228-5730

By submitting my claim, I declare under penalty of perjury under the laws of the United States of America that the information submitted on this Claim Form is true and correct, that I purchased the amount of JUUL Products listed above (or attested to by attached proof of purchase), and that I believe I am a Settlement Class Member entitled to the relief requested by submitting this Claim Form.

Signature

Date:

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MM DD YYYY