

**U.S. Polo Assn. Outlet Stores Pricing Claim Form**

*You must accurately complete all required portions of this Claim Form and submit the Claim Form under penalty of perjury.*

**YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN SEPTEMBER 22, 2022.**

**PERSONAL INFORMATION.** Please legibly print or type the following information requested below. *This information will be used to deliver your Merchandise Certificate and communicate with you if any problems arise with your claim.*

Name (first, middle, and last): \_\_\_\_\_

Residential Street Address: \_\_\_\_\_

City, State, and ZIP code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

**CONFIRMATION OF CLASS MEMBERSHIP.** Please check all that apply:

- I declare under penalty of perjury during the period from July 12, 2015 through June 24, 2022, I purchased merchandise at a U.S. Polo Assn. Outlet Store in California and did not receive a refund or credit for such purchase(s). Thus, under the Settlement, I am entitled to one (1) Merchandise Certificate.

*The Claims Administrator and/or U.S. Outlet Stores, LLC, dba U.S. Polo Association may verify your Claim Form.*

**EMAIL ADDRESS FOR MERCHANDISE CERTIFICATE DELIVERY.** Please confirm the email address to which you would like the Merchandise Certificate delivered.

Would you like your Merchandise Certificate delivered to the email address provided above?  Yes  No

If “no,” please provide the email address to which you would like the Merchandise Certificate delivered:

\_\_\_\_\_.

*You will receive the Merchandise Certificate delivered by email. Only if you prefer to receive the Merchandise Certificate through the U.S. Mail, please check the following box  and provide the address to which you would like the Merchandise Certificate delivered:*

\_\_\_\_\_.

**ACKNOWLEDGEMENT.** I have received notice of the class action Settlement in this case, and I am a member of the class of persons described in the notice. I agree to release all the claims, known and unknown, stated in Sections 1.10 and 2.8 of the Agreement of Settlement. I submit to the jurisdiction of the Superior Court of the State of California, County of San Diego with regard to my claim and for purposes of enforcing the release of claims stated in the Agreement of Settlement. I am aware that I can obtain a copy of the full notice and Agreement of Settlement at [www.USPoloAssociationSettlement.com](http://www.USPoloAssociationSettlement.com) or by writing the Claims Administrator at the email address [USPoloAssociationSettlement@cptgroup.com](mailto:USPoloAssociationSettlement@cptgroup.com) or the postal address U.S. POLO ASSN. OUTLET STORES PRICING c/o CPT Group, Inc. 50 Corporate Park, Irvine, CA 92606. I agree to furnish additional information to support this claim if required to do so.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_