

CALCAGNO ET AL. v. KIPLING APPAREL CORP. CLAIM FORM

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN SEPTEMBER 25, 2025.

PERSONAL INFORMATION. Please legibly print or type the following information requested below. *This information will be used to deliver your Voucher(s) 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 (including those used for purchases at Kipling's California outlet stores since December 8, 2019): _____

Telephone Number: (_____) _____

CONFIRMATION OF SETTLEMENT CLASS MEMBERSHIP. I declare that between December 8, 2019, and May 29, 2025, I made one or more purchases at a Kipling California Outlet Store in part because they were advertised as discounted prices and have not received a refund or credit for my purchase(s).

The Claims Administrator and/or Kipling may verify your Claim.

ACKNOWLEDGEMENT. I have received Notice of the Class Settlement in this Action and I am a member of the Settlement Class of persons described in the Notice. I agree to release all the claims, known and unknown, stated in Section 2.8 of the Settlement Agreement. I submit to the jurisdiction of the Superior Court of California, County of San Diego, with regard to my Claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the Full Notice and Settlement Agreement at **www.KiplingSettlement.com** or by writing the Claims Administrator at the email address: **info@kiplingsettlement.com** or the postal address: **Calcagno v. Kipling Settlement No. 25CU000125, c/o Simpluris, PO Box 25226, Santa Ana, CA 92799**. 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: _____