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## CLAIM FORM LASH BOOST SETTLEMENT ADMINISTRATOR

This Claim Form is for use in submitting a Claim for a Credit Benefit or Cash Benefit in the Settlement between Plaintiffs and *Rodan & Fields, LLC* (“R+F”). Further information about the litigation and additional copies of this Claim Form are available at [www.LBSettlement.com](http://www.LBSettlement.com).

### ELIGIBLE PURCHASES

A Lash Boost purchase is potentially valid if you purchased Lash Boost from R+F for personal, family, or household purposes between October 1, 2016, and March 11, 2022, and (i) do not have any pending litigation against R+F; (ii) have not filed a timely request for exclusion from the Settlement Class as set out in this Notice; (iii) are not an officer, director, or employee, or immediate family member of an officer, director, or employee, of R+F or any entity in which R+F has a controlling interest; (iv) have not acted as an Independent Consultant of R+F; (v) are not legal counsel or an employee of legal counsel for R+F; (vi) are not a federal, state, or local government entity; (vii) have not previously released the claims encompassed by this Settlement; (viii) have not already returned Lash Boost to R+F and received a refund; and (ix) are not a member of the immediate family of the judicial officer presiding over the Actions or part of the judicial officers’ staff. Additionally, the purchase of Lash Boost was not made for the purpose of resale.

If you purchased Lash Boost during the eligible period from R+F and are not excluded, you may be entitled to either (i) a credit voucher to use toward the purchase of any R+F product, no minimum purchase required (“Credit Benefit”) or (ii) a cash payment (“Cash Benefit”), depending on which kind of benefit you choose if you purchased Lash Boost for personal, family, or household purposes between October 1, 2016, and March 11, 2022.

If the total Settlement Claims submitted by all claimants exceed the funds available to pay Claims, the Settlement Administrator will reduce the Credit Benefit or Cash Benefit on an equal and pro rata basis so that the Settlement Claims do not exceed the funds available.

### HOW YOU CAN QUALIFY FOR AND RECEIVE A PAYMENT

In order to be eligible for Credit Benefit or Cash Benefit from the Settlement, you must: (1) fill out this Claim Form in its entirety; (2) sign the Verification Statement; and (3) return the Claim Form, along with any supporting documentation, by the **CLAIM DEADLINE: SEPTEMBER 7, 2022**, using either of the methods below:

<b>Online</b> <i>(must be submitted on or before 11:59 PM CST on September 7, 2022)</i>	<a href="http://www.LBSettlement.com">www.LBSettlement.com</a>
<b>By Mail</b> <i>(must be postmarked on or before September 7, 2022)</i>	Lash Boost Settlement Administrator P.O. Box 4357 Portland, OR 97208-4357

By completing the Claim Form, you are acknowledging that (i) you purchased at least one tube of Lash Boost for personal, family, or household purposes between October 1, 2016, and March 11, 2022; (ii) the purchase was not made for the purpose of resale; and (iii) you do not fall into any of the nine criteria listed under the Eligible Purchases section. If this Claim Form is not postmarked or received by the noted date, you will remain a member of the Settlement Class, but will not receive any payment from the Settlement. All submitted Claim Forms are subject to review and verification.

***Please keep a copy of your completed Claim Form and copies of any attached documentation for your records.***

**QUESTIONS OR NEED HELP? CALL THE SETTLEMENT ADMINISTRATOR  
AT 1-855-675-3134 OR VISIT [WWW.LBSETTLEMENT.COM](http://WWW.LBSETTLEMENT.COM).**



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### CLAIM FORM

Please read the Full Notice (available at [www.LBSettlement.com](http://www.LBSettlement.com)) carefully before filling out this Form.

#### YOUR INFORMATION

First Name:

MI:

Last Name:

Mailing Address:

City:

State:

ZIP Code:

Email Address:

Phone Number:

Unique ID: (optional, found in your Email or Postcard Notice, if received)

#### PURCHASE DETAILS (Select Only One)

- I purchased one tube of Lash Boost for personal, family, or household purposes between October 1, 2016, and March 11, 2022.
- I purchased two or more tubes of Lash Boost for personal, family, or household purposes between October 1, 2016, and March 11, 2022. I have documentation, such as an original or photocopy Proof of Purchase showing I purchased two or more tubes of Lash Boost between October 1, 2016, and March 11, 2022, and I am submitting that documentation with this Claim Form to the Last Boost Settlement Administrator. Please **retain copies** of the documentation.

#### BENEFIT ELECTION (Select Only One)

- Credit Benefit (a credit voucher to use towards a future purchase of any Rodan + Fields products sold on its website or through its Independent Consultants with no minimum purchase required)
- Cash Benefit

If Cash Benefit is selected and if my Claim is determined to be eligible, I would like to receive my payment as:

- Physical Check                       Electronic Payment (You must provide a valid email address)

#### VERIFICATION

I agree that, by submitting this Claim Form, I am declaring under penalty of perjury under the laws of the State of California that the information in this Claim Form is true and correct. I understand that my Claim Form may be subject to audit, verification, and Court review. Through the submission of this Claim Form, I also declare under penalty of perjury of the laws of the State of California that I have received notice of the proposed Settlement.

Signature:

Date:

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