

CLAIM FORM
NEIMAN MARCUS CA LAST CALL SETTLEMENT PROGRAM
Rubenstein v. The Neiman Marcus Group LLC, Case No. 2:14-cv-07155-SJO-JPR

You must complete and submit this Claim Form to be eligible for compensation. Please print clearly. If you do not complete all fields or provide incomplete, incorrect or inaccurate information, your claim may be denied.

A completed, signed copy of this Claim Form must be postmarked no later than August 20, 2018.

I. CLAIMANT INFORMATION

1. Claimant Name:	Last	First	Middle Initial
2. Address:	Street/P.O. Box		
	City	State	Zip
3. Email Address:			

II. PURCHASE INFORMATION

Instructions. Complete this section if you purchased one or more product(s) that were advertised with a “Compared To” price from August 7, 2010 through May 21, 2018 at (a) a Neiman Marcus California Last Call store and/or (b) on Last Call’s e-commerce website, if you used a California billing address (a “Qualifying Purchase”). **Complete one row for each Qualifying Purchase you made. For each Qualifying Purchase, the information in all columns is required.** If you made more than three (3) Qualifying Purchases, you may attach an additional sheet to provide the required information.

- (A) Product Purchased: Provide a brief description of the product(s) you purchased.
- (B) Purchase Price: Indicate the price you paid for the product(s), including tax.
- (C) Purchase Date: Indicate the date(s) you purchased the product(s).
- (D) Purchased in California?: Check “Yes” if you made the purchase at (a) a Neiman Marcus Last Call store in California and/or (b) on Last Call’s e-commerce website, if you used a California billing address. Check “No” if you made the purchase somewhere else.
- (E) Proof of Purchase?: Check “Yes” if you are including proof or purchase with this Claim Form or “No” if you are not. Acceptable proof of purchase includes the original or a correct copy of a cash-register receipt; email receipt; or credit/debit card statement showing product purchase. If you do not provide proof of purchase, the amount of your compensation will be limited.

	(A) Product Purchased	(B) Purchase Price	(C) Purchase Date	(D) Purchased in California?	(E) Proof of Purchase?
1.				Yes No	Yes No
2.				Yes No	Yes No
3.				Yes No	Yes No

III. CERTIFICATION, AUTHORIZATION AND SIGNATURE

By submitting this Claim Form, I attest under penalty of perjury under the laws of the United States the information provided in this Claim Form is true and correct.

Claimant’s Signature		Date	
Printed Name	First	MI	Last

IV. SUBMISSION BY MAIL

This Claim Form must be postmarked and mailed to the address below by **August 20, 2018.**

Neiman Marcus CA Last Call Settlement Program
 Claims Administrator
 P.O. Box 26972
 Richmond, VA 23261

For more information about the Settlement or to submit a Claim Form online, visit www.CALastCallSettlement.com.