

**GINKGOLD CLASS ACTION SETTLEMENT
CLAIM FORM**

You can also file online at: www.GinkgoldSettlement.com

You must complete the required information below. **All claim forms must be postmarked or electronically submitted no later than February 24, 2021.** If mailing, please return this claim form to:

Ginkgold Settlement
c/o JND Legal Administration
P.O. Box 91231
Seattle, WA 98111

SETTLEMENT CLASS MEMBER INFORMATION

Name:					
Address:					
City:		State:		Zip Code:	
Telephone Number:	()		-		
E-mail Address:					

PURCHASE INFORMATION

<u>Product Purchased</u>	<u>Number of Each Purchased</u>
Ginkgold Max 30 tablets, Ginkgold 50 tablets, or Ginkgold 75 tablets	
Ginkgold Max 60 tablets, Ginkgold 100 tablets, or Ginkgold 150 tablets	

PROOF OF PURCHASE

If you are seeking reimbursement for more than three purchases, please attach any proof of purchase such as receipt or statement under oath you have for the purchases listed above. If you do not have proof of purchase, your reimbursement will be limited to a maximum of three purchases.

AFFIRMATION

I affirm that I purchased Ginkgold or Ginkgold Max in the United States.

Signature: _____ Date: _____

Payment amounts will vary depending upon, among other factors, the number of products claimed by all Settlement Class Members and other adjustments and deductions specified in the Settlement Agreement.

CLAIM FORMS MUST BE POSTMARKED OR SUBMITTED ONLINE BY FEBRUARY 24, 2021
QUESTIONS? CALL 1-833-900-1646 OR VISIT WWW.GINKGOLDSETTLEMENT.COM.
TO VIEW JND'S PRIVACY POLICY, PLEASE VISIT [HTTPS://WWW.JNDLA.COM/PRIVACY-POLICY](https://WWW.JNDLA.COM/PRIVACY-POLICY)