

HERBALIFE EVENT SETTLEMENT

CLAIM FORM

INSTRUCTIONS

A Settlement has been reached with Herbalife International of America, Inc. (“Herbalife”) regarding U.S.-based events (“U.S. Herbalife Events”).

You are a Settlement Class Member if you were a U.S. Herbalife distributor who purchased tickets to **two or more** U.S. Herbalife Events on or after January 1, 2009 (“Class Period”). You are excluded from the Settlement Class if you were a member of Herbalife’s President’s Team or above (including past and present members of Herbalife’s Chairman’s Club and Founder’s Circle) throughout the Class Period, including your spouses, heirs, predecessors, successors, representatives, alter egos, or assigns. Also excluded are any U.S. Herbalife distributors who have previously executed a release of the claims that are the subject matter of this litigation.

To be eligible for payment you must submit a valid claim no later than August 4, 2023.

CLAIM FORM

The information provided on this Claim Form will be used solely by the Court-approved Claims Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

NOTICE ID NUMBER (IF EMAIL NOTICE SENT TO YOU)

NAME*

STREET ADDRESS*

APT.

<input type="text"/>	<input type="text"/>
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CITY*

STATE*

ZIP*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MOBILE PHONE NUMBER*

EMAIL ADDRESS*

Settlement payments will be digitally sent to you via email. Please ensure you provide a current, valid email address and mobile phone number with your claim submission as the Claims Administrator will use email or text to contact you and to provide you with your Settlement payment. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide the Claims Administrator with a current, valid email address and mobile phone number for payment. When you receive the email and/or mobile phone text notifying you of your Settlement payment, you will be provided with a number of digital payment options, such as PayPal or a virtual debit card, to immediately receive your Settlement payment. You will also have the option to request a paper check.

PURCHASE INFORMATION

IF YOU PURCHASED A TICKET TO A U.S. HERBALIFE EVENT, PLEASE PROVIDE THE NAME, DATE, LOCATION, AND TICKET COST FOR EACH ADDITIONAL U.S. HERBALIFE EVENT FOR WHICH YOU PURCHASED A TICKET BETWEEN JANUARY 1, 2009, AND APRIL 6, 2023:

EVENT NAME	DATE	LOCATION	TICKET COST (\$)

You are not required to provide documentation with the Claim Form, but the Claims Administrator reserves the right to request documentation supporting your claim.

CERTIFICATION

I certify that the information included with this claim submission is accurate and complete to the best of my knowledge and, if I am submitting a claim on behalf of another person, I certify that I am authorized to submit this claim submission on the individual's behalf.

I also agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this claim submission if requested to do so by the Claims Administrator.

SIGNATURE

DATE

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