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Must Be Received No  
Later Than  
February 17, 2020

## Lipozene Settlement Claim Form

For Office Use  
Only

Complete this Claim Form if you would like to receive a cash payment from the Settlement in the class action lawsuit concerning Lipozene, named *Duran v. Obesity Research Institute, LLC*. If you are eligible, you may submit a Claim for a cash payment.

Qualifying claimants without Proof of Purchase are entitled to receive \$7 per unit of Lipozene, with a cap of 1 unit. The benefit amount may be subject to adjustments by the Claims Administrator and/or pro rata dilution if the total amount of claims exceeds the available Settlement funds.

Qualifying claimants with Proof of Purchase are entitled to a refund of the amount(s) shown on the Proof of Purchase, up to \$15 per unit, with a cap of 4 units (unit is only product paid for and defined as a buy-one, get one free, or a single bottle individual purchase, not promotional offers). "Proof of Purchase" means documentary evidence (e.g., a receipt) establishing the purchase of Lipozene, the date of purchase, and the purchase price. For purchases made on the Lipozene.com website or through the Lipozene toll-free number, a qualifying "Proof of Purchase" may consist of a credit card statement depicting such a purchase unless the purchase price was already previously refunded to the claimant as a return transaction or if the transaction resulted in a charge back. To constitute a purchase for which a claimant is eligible to submit a Claim, all payments must have been made in full. The benefit amount may be subject to adjustments by the Claims Administrator and/or pro rata dilution if the total amount of Claims exceeds the available Settlement funds.

Complete only one Claim Form per Household if you are submitting a Claim, regardless of the number of qualifying Lipozene products purchased.

### Claimant Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State.

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

@

Phone Number (optional) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Class Member ID: 3 1 0 9 2 \_\_\_\_\_



31092



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Page 1 of 2



3109200000000

**Purchase Information (check only one)**

I purchased Lipozene between August 10, 2012 and October 28, 2019, but I do not have a Proof of Purchase.

I purchased Lipozene between August 10, 2012 and October 28, 2019, and I do have a Proof of Purchase.

(Please attach your Proof of Purchase, and review the explanation of qualifying Proofs of Purchase, above.)

**Acknowledgement:**

I declare under penalty of perjury that I purchased Lipozene between August 10, 2012 and October 28, 2019.

Signature: \_\_\_\_\_

Dated: \_\_\_ / \_\_\_ / \_\_\_\_\_

This Claim Form must be mailed and **received no later than February 17, 2020:**

Lipozene Settlement  
c/o Claims Administrator  
PO Box 59269  
Philadelphia, PA 19102-9269



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Page 2 of 2