# CLAIM FORM

***S.C. v. 7Tabz Retail, LLC, et al.*, Case No. 26CU001419N (Superior Court of California, County of San Diego)**

**YOU MUST SUBMIT THIS CLAIM FORM NO LATER THAN JANUARY 22, 2027.**

## INSTRUCTIONS

This class action alleges that Defendants 7Tabz Retail, LLC and 7Tabz Distribution, LLC failed to disclose the addiction, dependence, and withdrawal risks associated with their 7Tabz Products. Defendants deny these allegations and deny any wrongdoing or liability. The Long-Form Notice at www.7TabzSettlement.com explains the Settlement in full, including who is a Settlement Class Member and what "Documented Proof of Purchase" means.

**Which claim can I make?** If you purchased directly from 7Tabz through its website, you will automatically receive a $100.00 Direct Benefit ("DTC Benefit") — no Claim Form is needed. You may use this form to claim an additional benefit (up to an additional $85.00 for documented purchases; $185.00 maximum). If you purchased 7Tabz Products only at a retail store, use this form to claim $40.00 with no proof of purchase required ("BMR Benefit"). You may also use this form to claim an additional benefit equal to your documented purchases, up to $85.00, if you attach Documented Proof of Purchase ($125.00 maximum). Retail claims are limited to one per household unless supported by Documented Proof of Purchase.

**Documented Proof of Purchase** means that you provide the Administrator a receipt, order confirmation, or bank or credit card statement identifying a 7Tabz-brand purchase, the amount paid, and a purchase during the Class Period — or, if your document does not show the 7Tabz brand, that document plus a photograph of the Product packaging. Submit copies only; do not send originals. Full definition at www.7TabzSettlement.com. Claims the Settlement Administrator determines to be fraudulent or duplicative, including claims that reuse documentation submitted with another claim, will be rejected without an opportunity to cure.

**How to submit.** Submit online at www.7TabzSettlement.com by 11:59 p.m. Pacific Time on January 22, 2027, or mail this form, postmarked by the same date, to: 7Tabz Settlement Administrator, c/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479. You may submit only one Claim Form. Questions? Contact the Settlement Administrator at 7TabzSettlement@rg2claims.com or call 1-800-233-0578.

## PART I. PERSONAL INFORMATION

Please legibly print or type the information requested below. This information will be used to deliver your payment and to communicate with you if any problems arise with your claim. If your contact information changes, it is your responsibility to notify the Settlement Administrator.

Name (first, middle, last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Telephone Number: (_____) _____ – _____

Notice ID (if you received a Notice): _____

## PART II. CONFIRMATION OF CLASS MEMBERSHIP

☐ I declare under penalty of perjury that, during the Class Period (January 1, 2024 through the October 23, 2026), I purchased one or more 7Tabz Products in the United States for my personal use and not for resale, and that I have not received a refund of the full purchase price for the Product(s) I am claiming.

## PART III. YOUR CLAIM — CHECK ONE

☐ **DTC ADDITIONAL CLAIM.** I purchased Products directly from 7Tabz's website. I am claiming an additional amount up to an additional $85.00 (total recovery will not exceed $185.00). Check one:

- ☐ Verify my purchases against Defendants' records.
- ☐ I am attaching **Documented Proof of Purchase** (which may include retail purchases).

Total amount claimed: $_____

☐ **BMR CLAIM.** I purchased Products only at retail, and not directly from 7Tabz's website. I am claiming the $40.00 affidavit-only payment. I purchased from _____ (store name and city or third-party seller's website you bought from; one is enough). Approximate date of purchase: _____ (month and year is enough).

**Check below if applicable:**

☐ I am also attaching **Documented Proof of Purchase** to claim an additional amount up to an additional $85.00 (maximum total recovery $125.00).

Total additional amount claimed: $_____

☐ I certify that no other member of my household has submitted a BMR claim in this Settlement, or, if one has, my claim is supported by the attached Documented Proof of Purchase.

## PART IV. DOCUMENTATION

Complete this section only if you checked a box above indicating that you are attaching Documented Proof of Purchase. ***If you are claiming only the $40.00 BMR affidavit payment, or if you are submitting a DTC Additional Claim and asked us to verify your purchases against Defendants' records, skip this section.***

**If you are submitting Documented Proof of Purchase, please note that you do NOT need to submit documentation for every 7Tabz purchase you have ever made.** The maximum additional payment is $85.00, so you need only attach enough documentation to support the additional amount you claim. Submit copies only — do not send originals.

Number of pages attached: _____

If your documentation does not identify the Product as 7Tabz brand, it must show the amount paid and a purchase date within the Class Period, and you must also attach a photograph of the Product packaging. ☐ **Photograph attached**

The Settlement Administrator may verify your claim, may request additional information or documentation, and may reject claims that it determines are fraudulent, duplicative, or invalid.

## PART V. PAYMENT SELECTION — SELECT ONE

☐ PayPal — PayPal email address: _____

☐ Venmo — mobile number associated with your account: (_____) _____ – _____

☐ Prepaid Card — email address to receive the card: _____

☐ Physical Check — payment will be mailed to the address provided in Part I.

## PART VI. ACKNOWLEDGMENT AND SIGNATURE

I have received notice of the class action Settlement in this case and am a member of the Settlement Class. I agree to release the claims, known and unknown, described in Article XIII of the Settlement Agreement. I understand that individual personal injury claims are not released. I submit to the jurisdiction of the Superior Court of California, County of San Diego, with regard to my claim and for purposes of enforcing that release. I may obtain a copy of the Long-Form Notice and the Settlement Agreement at www.7TabzSettlement.com. I have not submitted, and will not submit, a Request for Exclusion. I agree to furnish additional information if required, understand the Settlement Administrator may audit this claim, and consent to be contacted by email and/or mobile text regarding it.

**IF SUBMITTED ELECTRONICALLY:**

☐ I agree that, by submitting this Claim Form, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge, and that checking this box constitutes my electronic signature on the date of its submission.

**IF SUBMITTED BY U.S. MAIL:**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Dated: _____/___/_____ Signature: _____

Printed Name: _____