

CLAIM FORM INSTRUCTIONS

Read Carefully Before You Complete the Attached Claim Form.

1. To file a claim in this case, you must be an eligible member of the California Sub-Class.
2. Eligible members of the California Sub-Class include all Legally Blind individuals who attempted, but were unable to access or who were deterred from accessing those products or services available at Coinstar Kiosks in California during the time period starting on February 8, 2013 and continuing through the July 14, 2017 *and* who submit a timely Claim Form requesting to be included in the monetary relief portion of the case. If you wish to receive a portion of the California Settlement Fund, you must submit a Valid Claim Form and not a Request for Exclusion. For additional information about the case and the settlement, see Notice of Settlement Sections II, II and III.
3. For the purposes of this claims process, Legally Blind individuals include all persons with visual impairments who require the use of alternative techniques to accomplish tasks for which people without disabilities use sight. Some people who meet this definition have limited vision. Others have no vision.
4. For purposes of this claims process, a Coinstar Kiosk is a Coinstar-branded automated kiosk that permits individuals to exchange their coins for cash or a value product and is located at a retail store in the state of California.
5. You may be eligible to receive money if you are a member of the California Sub-Class and submit a valid Claim Form. There is a damages fund of \$500,000.00 that will be shared among Eligible Claimants. No Eligible Claimant can receive more than \$4,000.00, and each Eligible Claimant's portion will be shared on a pro-rata basis if the number of Eligible Claimants exceeds the amount in the damages fund. Therefore, you may receive less than \$4,000.00.
6. Each person who wishes to make a claim must submit his or her own Claim Form.
7. You must answer all questions and fill in all applicable blanks on the Claim Form. Failure to complete the Claim Form may result in your claim being denied.
8. If you are preparing a written Claim Form to mail in, you may attach additional sheets if you need more space to answer questions or provide information. Write your full name and the last four digits of your Social Security Number on each additional sheet.
9. If you are filing an online Claim Form, you must complete an online signature indicating that you are submitting the form under penalty of perjury and that the information on the form is true and correct. If you are preparing a written Claim

Form to mail in, you must sign the form under penalty of perjury attesting that the information on the form is true and correct. Failure to sign the Claim Form may result in your claim being denied.

10. If you are under 18 years of age, your parent or legal guardian must also sign your Claim Form.
11. Your Claim Form must be **postmarked or submitted online** on or before December 1, 2017 or **your claim will be denied.** To ensure that you have a record of your claim and date of mailing, you should keep a copy of your signed Claim Form. You should mail the Claim Form by ordinary first-class mail well before the deadline so that the Claims Administrator receives it in time. However, you may also choose to mail the Claim Form via certified mail and, thus, have a copy of the postmarked certified mail receipt. For your records and reference, please keep these instructions.
12. If you want further information about the settlement or have questions about these instructions or about how to complete the Claim Form, please contact the Claims Administrator or Class Counsel. Contact information for the Claims Administrator and Class Counsel is listed below. **Do not contact the Court or the Clerk of Court.**
13. Filing a Claim Form does not automatically guarantee that you will receive any award of cash. Your claim and the information you provide will be subject to review and verification by the Claims Administrator. You may be asked to provide additional information to support your claim. If you do not respond to a request for additional information by the date such response is due, your claim may be denied.
14. You do not need to have an attorney to help you submit a Claim Form. If you wish to contact Class Counsel, they will attempt to answer any questions you might have. Additionally, if you wish to consult with your own attorney, you may do so at your own expense.
15. It is your responsibility to keep the Claims Administrator advised of any change in your address. If you do not keep the Claims Administrator advised of your current address, any monetary award to which you may be entitled could be forfeited. Any change of address should be reported in writing along with your complete name and signature, Social Security Number, and former address to the Claims Administrator.

Claims Administrator:

Nguyen v. Outerwall Inc.
Claims Administrator
P.O. Box 71
Tallahassee, FL 32302
Toll-Free: (855) 928-2272
Fax: (850) 385-6008
Email: staff@settlementservicesinc.com

Class Counsel:

Arkady "Eric" Rayz
Demetri A. Braynin
Kalikhman & Rayz, LLC,
1051 Country Line Road, Ste. A,
Huntingdon Valley, PA 19006
Telephone: 215 364-5030
E-mail: erayz@kalraylaw.com
E-mail: dbraynin@kalraylaw.com

Gerald D. Wells, III

Robert J. Gray

Connolly Wells & Gray, LLP

2200 Renaissance Boulevard, Suite 308

King of Prussia, PA 19406

Telephone: 610 822 3700

E-mail: gwells@cwg-law.com

E-mail: rgray@cwg-law.com