## MOLEKULE AIR PURIFIER SETTLEMENT CLAIM FORM

You Must Complete this Form to Receive Cash and a Coupon under the Settlement Agreement, Unless a Third-Party Seller Submits Information on Your Behalf.

## **ELIGIBILITY AND GENERAL INSTRUCTIONS**

PLEASE READ THIS ENTIRE CLAIM FORM CAREFULLY. In most circumstances, you must complete and return this Claim Form to receive benefits from the Settlement. Your completed Claim Form can be mailed to the Claim Administrator at P.O. Box 59479, Philadelphia, PA 19102-9479 or submitted electronically via the Settlement Website, <a href="https://www.airpurifiersettlement.com">www.airpurifiersettlement.com</a>. Your Claim Form must be POSTMARKED BY May 31, 2022 or SUBMITTED ONLINE NO LATER THAN May 31, 2022 at 11:59 p.m., Pacific Time.

You are eligible to submit a Claim for a Cash Payment and Coupon under this Settlement if you (a) have purchased in the United States any Molekule Air Purifier (namely, the Molekule Air, Molekule Air Pro, Molekule Air Mini, Molekule Air Mini+, and/or the Molekule Air Pro Rx) (the "Air Purifiers") from third-party sellers, including but not limited to, Amazon, b8ta, Best Buy, MoMa Design Store NYC, and Sprout on or before October 12, 2021 and (b) as of October 12, 2021, have not agreed to the arbitration provision in Molekule's Terms & Conditions.

Please read the Settlement Notice ("Notice") before you complete and submit this Claim Form. The Notice is available on the Settlement Website at <a href="www.airpurifiersettlement.com">www.airpurifiersettlement.com</a>. Defined terms (with initial capitals) used in the Notice have the same meaning as set forth in the Settlement Agreement, which is also available on the Settlement Website. By submitting this Claim Form, you acknowledge that you have read and understand the Notice and the Settlement Agreement. To receive the most current information and regular updates, please visit the Settlement Website at <a href="www.airpurifiersettlement.com">www.airpurifiersettlement.com</a>.

If you fail to timely submit a Claim Form, you may not be able to receive settlement benefits. If you are a member of the Class and you do not timely and validly seek to Opt Out from the Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form.

The information you provide on this Claim Form will not be disclosed to anyone other than the Court, the Claim Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement (such as to audit and review a claim for completeness, truth, and accuracy).

## **BENEFIT INFORMATION**

Cash Payment and Coupon. All Settlement Class Members may file a claim to receive a Cash Payment and Coupon. Based on the estimated class size and value of the settlement, the average net amount in cash Settlement Class Members would receive from the Settlement if they purchased one Air Purifier is \$43.80. The amount you will actually receive could be appreciably more or less than this amount, depending on a number of factors including the number of Settlement Class Members who submit a valid claim, the number of Air Purifiers you purchased, the particular model of Air Purifier(s) you purchased, and whether you provide proof of purchase. To participate in the settlement, you can submit a Claim under Group A or Group B. Those who submit under Group A are eligible for a greater amount of cash from the settlement but are required to submit, in addition to this claim form, a valid receipt or similar documentation showing purchase of an Air Purifier from a third-party seller or a photograph of a valid serial number of an Air Purifier. Those who submit under Group B are not required to provide this information but must still fill out and submit this claim form.

## **CLAIM FORM**

Claimant Info	ormation					
Claimant Na	ne:					
	First Name	MI	Last Name			
Street Addres	SS:					
Street Addres	ss2:					
City:			State:	Zip Code:		
E-mail Addre	ess:					
[optional] Da	ytime Phone Number:					
[optional] Ev	ening Phone Number:					
[optional] Cl	ass Member ID:					
		tlement by U.S. mail, your Cla tlement by email, your Class M		is on the envelope or postcard in the email.		
<b>Group Election</b>	)n					
1. Wł	nich Group do you war	at to file a claim under?				
[]	Group A (eligib	oility for greater benefits but rec	juires submitti	ng proof of purchase)		
[]	Group B					
	-					
Purchase Info	ormation					
	• •	e United States a Molekule Air to, Amazon, b8ta, Best Buy, M		± •		
[]	Yes [] No					
of	Which model Air Purifier(s) did you purchase? Please type in the number of units you purchased of each. (Note: under the Settlement, Group B claimants are only eligible to claim receive settlement benefits for up to three (3) Air Purifier purchases).					
	Molekeule Air Pro	Molekule Air	Moleke	eule Air Mini		
	Molekule Air Mini+	Molekule Air Pro Rx				
Pur We	chase to this form (if rebsite (if submitted onl	aim under Group A, you must a mailed) or upload your Air Puri ine). Air Purifier Proof of Purcl rd party seller that reasonably e	fier Proof of P nase means eit	urchase to the Settlement her (a) a receipt or other		

of the Air Purifier by you during the Class Period in the United States or (b) a photograph of the Serial Number. You can locate your Air Purifier's Serial Number by following the instructions here: https://help.molekule.com/hc/en-us/articles/360001592148-How-do-I-find-my-serial-number- . If you are seeking settlement benefits for more than one (1) Air Purifier, you must send or upload an Air Purifier Proof of Purchase for each Air Purifier.

5	•	If you are submitting a Claim under Group B, you must provide the date (estimated), name of the retailer, and the location of the retailer from whom you purchased your Air Purifier(s):								
	Purchase 1	Date of purchase:	Retailer Name:  v and state, or online)	: :						
	Purchase 2 (if applicable)	Date of purchase: Retailer Location: (city	Retailer Names y and state, or online	):						
	Purchase 3 (if applicable)	Date of purchase: Retailer Location: (city	Retailer Names y and state, or online	):						
Certifica	ation under Pena	alty of Perjury								
the inf	ormation you ha	are signing under pena ave provided in the Cla penalty of perjury tha	nim Form is true an							
2. T iii 3. T o 4. I (() n o 5. I a 6. I	o, Amazon, b8ta, of October 12, 202 rovision in Molel the information particular and barriginal or else a cam not (a) a representation in this car any member of understand that band	ecumentation information complete and true copy of esentative acting on behangal representative, successe or any member of his the judge's immediate from the successe of the School opting out of the School Claims will be audited	n Store NYC, and Spowledge, information ons; Form is accurate a proportion on provided to the of the original(s); alf of Amazon, b8ta, I essor, or an assign of a immediate family; not a family; Settlement, I have given	orout on or before, and belief, he and complete Claim Admini Best Buy, Monof Molekule; (nor (e) a judge oven a complete	to the besistrator to so to whom the Release of	er 12, 2021, and (b) a greed to the arbitration st of my knowledge support my Claim Store NYC, or Sprough rument entity; (d) the his Action is assigned f all Released Claim	e, is it; ne d,			
Signatu	re:			_ Dated:	/	/	_			