

CLAIM FORM FOR UNIDENTIFIED CLASS MEMBERS

This Claim Form may be submitted online at www.MaximMagazineSettlement.com or completed and mailed to the address below. Submit your completed Claim Form online or mail it so it is postmarked no later than **October 19, 2020**. If you received a Notice by mail, you do NOT need to submit a Claim Form, and your Cash Award will be sent to you by check at the address identified on the Notice once the Settlement is finally approved. If your address has changed, please submit a change of address form online at www.MaximMagazineSettlement.com to ensure your check is mailed to your current address.

I. CLAIMANT INFORMATION (all fields required)

The Settlement Administrator will use this information for communications and payments. If this information changes before settlement payments are issued, contact the Settlement Administrator at the address below.

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Mailing Address, Line 1: Street Address/P.O. Box

<input type="text"/>

Current Mailing Address, Line 2:

<input type="text"/>

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Telephone Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Preferred Email address

<input type="text"/>

II. CLAIM INFORMATION

Mailing address at which you received your subscription to *Maxim* magazine between May 15, 2016 and July 30, 2016:

Mailing Address, Line 1: Street Address/P.O. Box

<input type="text"/>

Mailing Address, Line 2:

<input type="text"/>

City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

III. SIGNATURE: Sign and date the Claim Form below.

Signed: _____ Date: _____

Submit this Claim Form online or mail it to the address below postmarked no later than October 19, 2020.

Maxim Magazine Settlement
c/o JND Legal Administration
P.O. Box 91344
Seattle, WA 98111