

Collins v. Quincy Bioscience
Claims Administrator
P.O. Box 43192
Providence, RI 02940-3192



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Collins, et al. v. Quincy Bioscience LLC

UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF FLORIDA

No. 19-22864-Civ-COOKE/GOODMAN

**Must Be Postmarked No Later Than
October 26, 2020**

Claim Form

CLAIMANT INFORMATION

First Name			M.I.	Last Name		
Primary Address						
Primary Address Continued						
City				State	Zip Code	
Foreign Province		Foreign Postal Code		Foreign Country Name/Abbreviation		

CLAIM FORM AND INSTRUCTIONS

The Claims Administrator must receive this Claim Form in an envelope postmarked no later than October 26, 2020 in order for it to be considered.

Collins, et al. v. Quincy Bioscience LLC
No. 19-22864-Civ-COOKE/GOODMAN

(Pending in the United States District Court for the Southern District of Florida)

Please read all of the following instructions carefully before filling out your Claim Form.

1. You have three options to make a claim:
 - a. You may print out, complete, and mail your Claim Form and proof of purchase, if any, to the Claims Administrator at *Collins v. Quincy Bioscience* Claims Administrator, P.O. Box 43192, Providence, RI 02940-3192.
 - b. You may print out, complete, and upload this form to the Settlement Website at www.quincybiosciencesettlement.com. When using this option, you may upload proof of purchase to the extent you have such proof.
 - c. You may use an online Claim Form by going to www.quincybiosciencesettlement.com. When using this option, you may upload proof of purchase to the extent you have such proof.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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2. Complete Part A (“Claimant Information”) by filling in the requested information. Only one Claim Form per household will be honored.
3. Complete Part B by providing the number of purchases of each kind of Prevagen® you purchased from January 1, 2007 to **July 21, 2020**. For example, if you purchased one bottle of **Prevagen® Regular Strength 30 Count** during the class period, you would fill in the number “1” on the line that corresponds with **Prevagen® Regular Strength 30 Count**. You must then check a box to indicate if you have proof of purchase or not. Each qualifying purchase will receive a payment of 30% of the MSRP (as defined in the Settlement Agreement), subject to the following limit: (1) Those with proof of purchase deemed valid by the Claims Administrator and the parties **must submit it with the Claim Form** and may obtain reimbursement up to \$70.00 per Class Member; and (2) Those with no proof of purchase may obtain reimbursement up to \$12.00 per Class Member.
4. Proof of purchase means acceptable documentation that provides valid proof of your purchase of Prevagen® Products. Such valid proof of purchase documentation will consist of receipts, copies of receipts, loyalty card records (such as a print-out from a loyalty program), direct purchase records, or other legitimate, documentary proof showing payment to an authorized retailer or Quincy for Prevagen® Products that was not used as proof for any other claim.
5. Sign the CLAIM FORM. For those filing online, there will be an e-signature requirement.
6. Once your Claim Form is received, the Claims Administrator will review the Claim Form for compliance. Keep a copy of your completed Claim Form for your records. If your claim is rejected for any reason, the Claims Administrator will notify you by U.S. Mail or e-mail of the rejection and the reasons for such rejection.

PART A—CLAIMANT INFORMATION

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Daytime Phone Number

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E-Mail Address



PART B—LIMITED REIMBURSEMENT FOR QUALIFYING HOUSEHOLDS

You may make a claim for the following Prevacen® Products:

1. Prevacen® Regular Strength 30 Count
2. Prevacen® Regular Strength Chewables
3. Prevacen® Regular Strength 60 Count
4. Prevacen® Extra Strength 30 Count
5. Prevacen® Extra Strength Chewables
6. Prevacen® Extra Strength 60 Count
7. Prevacen® Professional Strength

PLEASE FILL OUT THIS CHART STATING YOUR PURCHASES

Type of Purchase		
Prevagen® Regular Strength 30 Count	Quantity of Products Purchased <input type="text"/>	Approximate Date of Purchase MM / DD / YYYY
	Location (Name of Store and City or Website) of Product Purchased <input type="text"/>	
Prevagen® Regular Strength Chewables	Quantity of Products Purchased <input type="text"/>	Approximate Date of Purchase MM / DD / YYYY
	Location (Name of Store and City or Website) of Product Purchased <input type="text"/>	
Prevagen® Regular Strength 60 Count	Quantity of Products Purchased <input type="text"/>	Approximate Date of Purchase MM / DD / YYYY
	Location (Name of Store and City or Website) of Product Purchased <input type="text"/>	
Prevagen® Extra Strength 30 Count	Quantity of Products Purchased <input type="text"/>	Approximate Date of Purchase MM / DD / YYYY
	Location (Name of Store and City or Website) of Product Purchased <input type="text"/>	
Prevagen® Extra Strength Chewables	Quantity of Products Purchased <input type="text"/>	Approximate Date of Purchase MM / DD / YYYY
	Location (Name of Store and City or Website) of Product Purchased <input type="text"/>	
Prevagen® Extra Strength 60 Count	Quantity of Products Purchased <input type="text"/>	Approximate Date of Purchase MM / DD / YYYY
	Location (Name of Store and City or Website) of Product Purchased <input type="text"/>	
Prevagen® Professional Strength	Quantity of Products Purchased <input type="text"/>	Approximate Date of Purchase MM / DD / YYYY
	Location (Name of Store and City or Website) of Product Purchased <input type="text"/>	



CHECK AND COMPLETE ONLY ONE OF THE FOLLOWING:

- **I HAVE PROOF OF PURCHASE (i.e., sales receipt(s) or invoice(s))** showing that I purchased Prevagen from January 1, 2007 to July 21, 2020. I understand that a qualifying Class Member who submits a valid Claim Form and valid proof of purchase for all qualifying purchases is entitled to receive payment in the amounts above for each purchase **up to \$70.00 per Class Member**. **YOU MUST ATTACH THE PROOF OF PURCHASE WITH YOUR CLAIM FORM.**

OR

- **I DO NOT HAVE ANY PROOF OF PURCHASE (i.e., a sales receipt or invoice)** showing that I purchased Prevagen® from January 1, 2007 to July 21, 2020. I understand that a qualifying Class Member who submits a valid Claim Form without proof of purchase is entitled to receive payment in the amounts above for each purchase **up to \$12.00 per Class Member**.

I swear and affirm under the penalty of perjury that the above is true to the best of my knowledge.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

