Your claim must be submitted online by: August 23, 2019 CLAIM FORM Friske v. Bonnier Administrator 1650 Arch Street, Suite 2210 Philadelphia, PA 19103 Website: www.BonnierMagazineSubscriptionClassAction.com

PLEASE FILL OUT EACH SECTION	ON OF THE FORM:	
First Name	Last Name	
Street Address (Mailing Address)		
City	State	Zin Code
City	State 	Zip Code
Phone Number		
CLASS MEMBER VERIFICATION	••• (please check the appropriate b	oox(es))
I purchased or received a subscript and was a resident of the State of N		een July 28, 2010 and June 25, 2019,
Under penalty of perjury, all inform knowledge and belief.	nation provided in this Claim Form	m is true and correct to the best of my
Гуре Name:	Date:	
Signature:		