

<b>CLAIM FORM</b>	
Your claim must be submitted online or if mailed, postmarked no later than <b>May 15, 2025</b>	Lilly Lashes Settlement Administrator PO Box 231 Valparaiso, IN 46384 <a href="http://www.lillysettlement.com">www.lillysettlement.com</a>

**Section I -Instructions**

*This Form must be submitted online or postmarked no later than May 15, 2025.*

This Claim Form may be submitted in one of two ways:

1. Electronically through the settlement website, at [www.lillysettlement.com](http://www.lillysettlement.com) **OR**
2. By printing and mailing the Claim Form to:  
Woodard v. Lilly Lashes Settlement Administrator  
PO Box 231  
Valparaiso, IN 46384

To be effective as a claim under the proposed Settlement, this Claim Form must be completed, signed, and sent, as outlined above, **no later than May 15, 2025**. If this Claim Form is not postmarked or received by this date, you will remain a member of the Settlement Class but will not receive any payment from the Settlement. All submitted Claim Forms are subject to review and verification.

**Section II – Your Information**

**Claimant Name (Required):**

\_\_\_\_\_

\_\_\_\_\_

**Claimant Identification Number\* (Optional):**

\_\_\_\_\_

*Claim Identification Number: (\*Your Claimant Identification Number was on the notice of the Settlement you received by email or by postal mail, if you received such notice. If you did not receive such notice and/or do not have a Claimant Identification Number, you may leave this line blank without it affecting your ability to receive a Settlement Benefit)*

**Current Contact Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address (Required)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number (Required) (Cell Phone Preferred)

*Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your claim.*

### Section III – Confirmation of Settlement Class Membership

By submitting this form, I attest that I purchased at least one unit of false eyelashes made with mink fur sold by Lilly Lashes labeled as “Cruelty Free” for personal, family, professional, or household purposes between June 7, 2018 and **February 28, 2025**.

I also attest that (a) I do not have pending litigation against Lilly Lashes; (b) I did not file a timely request for exclusion; (c) I am not an officer, director, or employee, or immediate family member of the officers, directors, or employees, of Lilly Lashes or any entity in which Lilly Lashes has a controlling interest; (d) I have not served as legal counsel or as an employee of legal counsel for Lilly Lashes; (e) I am not a federal, state, or local government entity; and (f) I am not a judicial officer presiding over the Action or a member of their immediate family or judicial staff.

### Section IV - Claiming Your Cash Benefit

If you purchased false eyelashes made with mink fur sold by Lilly Lashes labeled as “Cruelty Free” for personal, family or household purposes between June 7, 2018 and **February 28, 2025** and have confirmed you are a settlement class member in Section III above, please fill in the information below.

1. I have documentation, such as an original or photocopy Proof of Purchase showing I purchased two or more units of the false eyelashes made with mink fur sold by Lilly Lashes labeled as “Cruelty Free. between June 7, 2018 and **February 28, 2025**, and I am submitting all documentation of my multiple purchases that I am able to provide with this Claim Form to the Settlement Administrator as instructed below. Please **retain copies** of the documentation. **If you included your Claim Identification number above, you do not need to provide Proof of Purchase.**

- Yes      Quantity Purchased: \_\_\_\_\_  
 No

### Section V – Instructions for Providing Claim Form and Proofs of Purchase to Settlement Administrator

1. Electronically through the settlement website, at [www.lillysettlement.com](http://www.lillysettlement.com)  
*Or*  
2. By U.S. Mail to:  
Woodard v. Lilly Lashes Settlement Administrator

PO Box 231  
Valparaiso, IN 46384

You should submit proof of purchase for all units of the false eyelashes made with mink fur sold by Lilly Lashes labeled as “Cruelty Free” that you are able to provide. Examples of proof of purchase include receipts, cancelled checks, or credit card statements showing payment(s) for purchases of the Products. Please **retain copies** of all documentation sent to the Settlement Administrator, including the Claim Form.

**Please remember, the completed Claim Form, and any original or photocopy of your Proof of Purchase if you are submitting it, must be submitted (or postmarked, if mailed) by no later than May 15, 2025.**

**Section VI – Manner of Transmission of Cash Benefit**

The Settlement Administrator will send the Cash Benefit electronically via Venmo, PayPal, Zelle, or Direct Deposit, whichever method you choose below. You acknowledge that if you do not choose Venmo, PayPal, Zelle, or Direct Deposit, or if you do not provide complete or correct information for the Settlement Administrator to provide the payment electronically, payment will likely be sent by U.S. Mail and you may not receive payment as quickly.

For PayPal

Please provide the email address associated with your PayPal account (if applicable):

\_\_\_\_\_

For Venmo

Please provide the username associated with your Venmo account (if applicable):

\_\_\_\_\_

For Zelle

Please provide the phone number or email associated with your Zelle account:

\_\_\_\_\_

For Direct Deposit

Please provide your relevant routing and account number.

Routing (if applicable):

\_\_\_\_\_

Account (if applicable):

\_\_\_\_\_

If you do not elect PayPal, Venmo, Zelle, or Direct Deposit check below:

I wish to receive payment by check sent via U.S. mail.

If you select check, the check will be provided to the current contact information you provided in Section II.

**Questions? Call 1-888-926-7646 or visit [www.lillysettlement.com](http://www.lillysettlement.com)**