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<p>MUST BE SUBMITTED</p> <p>NO LATER THAN</p> <p>September 21, 2023</p>	<p>MOFI RECORD SETTLEMENT</p> <p>SETTLEMENT CLAIM CERTIFICATION FORM</p>	<p>For Office Use Only</p>
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If you are a Class Member and wish to seek a Settlement Payment as part of the *Stephen J. Tuttle, et al., v. Audiophile Music Direct, Inc., et al.*, Case Settlement, please fill out the following Claim Form and submit it, along with your Proof of Purchase and Proof of Ownership, either online at: www.audiophilesettlement.com, by email to: info@audiophilesettlement.com or by postal mail to:

Tuttle v. Audiophile Music Direct
c/o Kroll Settlement Administrator
P.O. Box 5324
New York, NY 10150-5324

1. PROOF OF OWERNSHIP:

For Each Applicable Record for which you are seeking a Settlement Payment, you must provide Proof of Ownership. Please write the Artist Name and Record Title in the spaces provided in Section 1, below. You will not need to re-write the Artist and Title information in Sections 2 and 3, just refer to each Applicable Record by Record Number as listed in the spaces provided in Sections 2 and 3, below.

I still own and am in possession of the following Applicable Record(s) for which I seek a Settlement Payment and attach to this Claim Form legible Proof of Ownership such as photocopies, JPEGs, PDFs, or similar copies of (i) the Catalog Number on Cover or Box Spine, and (ii) the individually stamped or hand-written number from the back cover, as well as (iii) the front cover of each Applicable Record, or other reliable documentation showing my ownership and possession of the same.

Applicable Record (Artist and Title)	Catalog Number	Stamped or Handwritten Number
Record 1:		
Record 2:		
Record 3:		
Record 4:		
Record 5:		

For additional information please visit the Settlement Website at www.audiophilesettlement.com or call 1-833-630-6697



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Applicable Record (Artist and Title)	Catalog Number	Stamped or Handwritten Number
Record 6:		
Record 7:		
Record 8:		
Record 9:		
Record 10:		

2. PROOF OF PURCHASE:

For Each Applicable Record for which you are seeking a Settlement Payment, you must provide Proof of Purchase. Check the box(es) below that apply and provide the required information.

I purchased the following Applicable Record(s) online directly from either Mobile Fidelity Sound Lab, Inc. (“MoFi”) at “mofi.com” or Audiophile Music Direct, Inc. (“Music Direct”) at “musicdirect.com” and provide the following information to satisfy my Proof of Purchase:

Please Note: If you provide your “mofi.com” or “musicdirect.com” Order Number for an Applicable Record above, you do not have to additionally provide your Date of Purchase or Email Used For Purchase for your Proof of Purchase for that Applicable Record

Applicable Record(s) (As listed above)	Order Number (if known)	Purchase Date	E-mail Used for Purchase
Record 1.			
Record 2.			
Record 3.			
Record 4.			
Record 5.			
Record 6.			
Record 7.			

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	Order Number (if known)	Purchase Date	E-mail Used for Purchase
Record 8.			
Record 9.			
Record 10.			

I purchased the following Applicable Record(s) from a retail merchant other than MoFi or Music Direct and attach to this Claim Form legible Proof of Purchase such as a receipt, credit card statement, cancelled check referencing the Applicable Record, or other reliable documentation showing my purchase, along with the following itemized information:

Applicable Record(s) (As listed above)	Retail Merchant (Name and Address or Website)	Purchase Date	Amount Paid
Record 1.			
Record 2.			
Record 3.			
Record 4.			
Record 5.			
Record 6.			
Record 7.			
Record 8.			
Record 9.			
Record 10.			

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3. TYPE OF SETTLEMENT PAYMENT:

Please list the Applicable Records you purchased and still possess and elect which form of Settlement Payment you wish to receive for each by placing an “X” in the boxes below.

Applicable Record(s) (As listed above)			
Record 1.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 2.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 3.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 4.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 5.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 6.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 7.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 8.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 9.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon
Record 10.	<input type="checkbox"/> Return Refund	<input type="checkbox"/> 5% Payment	<input type="checkbox"/> 10% Coupon

Please Note: For all Applicable Records for which you would like to return for a Return Refund, please designate how you would like to receive your pre-paid shipping label and return instructions:

I elect to receive my pre-paid shipping label and return instructions by:

email of a downloadable and printable label to my email address below;

postal mail of a pre-printed label to my postal address below.

Please Note: If you need additional pages to catalogue your Applicable Records, please print and attach additional copies of this Claim Form.

4. METHOD OF RETURN REFUND AND/OR 5% PAYMENT SETTLEMENT PAYMENT:

All Return Refunds and 5% Payments from forms filled out on paper will be paid by check and mailed to the Class Member at the address designated below. If you are a Class Member who received a Class Member Number, you can fill out an online Claim Form and can elect to receive an e-payment. Online forms can be found at www.audiophilessettlement.com. All Return Refund checks and 5% Payment checks must be cashed within one hundred and eighty (180) days after issuance.

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5. METHOD OF DELIVERY OF 10% COUPON:

I elect to receive my 10% Coupon by:

- email to my email address below;
- postal mail to my postal address below.

Please Note: All 10% Coupons must be redeemed on “musicdirect.com” within one hundred and eighty (180) days after issuance.

6. CONTACT INFORMATION:

Please provide your updated contact information. This will allow us to follow-up and to distribute your Settlement Payment if your claim is valid.

CERTIFICATION

I declare under the penalty of perjury that the foregoing is true and correct to the best of my personal knowledge.

Signature: _____ Dated: ____ / ____ / _____

Printed Name: _____

Mailing Address _____

Phone Number (____ - ____ - _____)

Email _____@_____

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