





**SECTION B: PERSONAL REPRESENTATIVE OR GUARDIAN OF CLAIMANT**

Are you an executor, administrator, or otherwise have authority to act on behalf of a deceased Rite Aid customer or his/her estate?  Yes  No

If you checked "Yes" to the question above, you must attach documents establishing your authority to act and receive assets as the Personal Representative.

Are you a legal guardian or a conservator of the Claimant identified in Section A?  Yes  No

If you checked "Yes" to the question above, you must attach documents establishing your authority to act and receive assets for the Claimant.

**SECTION C: VERIFICATION OF PAYMENT**

In submitting this Claim Form, you are verifying that the following statements are true and correct:

1. That you are a person or entity who paid Rite Aid Hdqtrs. Corp. or Rite Aid Corporation a Fixed Records Charge of either \$50 or \$85 for the production of customer pharmacy records.
2. You have not received reimbursement from any person or entity for the cost of that charge by any client, principal or third party.

**SECTION D: SETTLEMENT ADMINISTRATOR HAS SOLE AUTHORITY TO ACCEPT OR REJECT YOUR CLAIM**

Garden City Group, LLC, who is serving as the Settlement Administrator, will decide whether to approve or reject your claim based on the information provided in this Claim Form and based upon other proof requested by the Settlement Administrator (in its discretion). As a result, it is important that you complete this Claim Form in its entirety and, if requested, that you provide the proof and other documentation sought by the Settlement Administrator. If your claim is rejected, you will be notified by the Settlement Administrator and be provided fourteen (14) days to correct any deficiency. You may also appeal the denial of your Claim Form to the Court overseeing the Settlement.

If your claim is accepted, the Settlement Administrator will send you at a later date the settlement relief to which you are entitled under the settlement's terms. Please be patient.

**Under penalty of perjury, I certify that all of the information provided on this Claim Form is true, correct and complete.**

Signature:

[Signature line]

Print Name:

[Print Name line]

Date:

[Date line]