

Your claim must be submitted or postmarked by:  
**January 17, 2018**

**Remijas et al. v. The Neiman Marcus Group, LLC,  
Case No. 1:14-CV-01735 (N.D. Ill.).**

**NM**

**CLAIM FORM**

**First Name**

**Last Name**

**Claim Number**

**Street Address**

**City**

**State**

**Zip Code**

**Phone Number**

**E-Mail Address**

*We will use the information that you provide to communicate with you about your claim, which we will do primarily by email if you provide an email address. The information you provide will not be used for other purposes, including but not limited to marketing purposes. The information you provide will not be sold, nor will it be provided to others, except insofar as is necessary to efficiently process claims submitted in connection with this matter.*

**CLAIM VALIDATION QUESTIONS**

**QUESTION ONE**

Was your credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013?

Yes (Proceed to Question Two)

No (You are not eligible to submit a claim)

**QUESTION TWO**

Provide all of the information requested by one of the following two options. You may submit all of the information requested by both of the following two options if you wish.

IMPORTANT NOTE: To receive a payment, you must submit information sufficient to establish that your credit or debit card was used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store while malicious software capable of capturing payment card information was active in that store. **The only way to be certain that you have submitted information sufficient to determine whether or not you are entitled to a payment is to submit the information requested in Question 2, Option A.**

If you choose instead to submit the information requested in Question 2, Option B (but not Question 2, Option A), **your claim may be denied** even if your credit or debit card was used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store while malicious software capable of capturing payment card information was active in that store because there may not be records sufficient to establish that it was used at that time and place.

***Please continue on reverse side***

### Option A

Provide the last four digits of the credit or debit card number of the credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013:

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### AND

Provide the date(s) and location(s) of all purchases made at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013 using the credit or debit card:

	Date of Purchase	Location of Purchase
1		
2		
3		

If the credit or debit card was used to make more than three purchases at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013, then only provide the dates and locations of three such purchases.

### Option B

Provide the full name of the cardholder of the credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013, **as the name appeared on the credit or debit card** at the time(s) of such purchase(s) (*check box or provide cardholder name*):

Same as Above, or

Full Name of Cardholder:

First Name

MI

Last Name

Suffix

### AND

Provide the billing address for the credit or debit card used at a Neiman Marcus, Bergdorf Goodman, Cusp, or Last Call store, not including any restaurant in any such store and not including any online store or web site, between July 16, 2013 and October 30, 2013, as of the time(s) of such purchase(s):

Same as Above, or

Mailing Address

City

State

Zip Code

### ATTESTATION AND SIGNATURE

I certify under penalty of perjury that the information I am providing in this claim form is true and correct, and that I am the cardholder of the card identified in my response to Question Two, above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **CLAIM FORM REMINDER CHECKLIST**

If you believe you are an eligible Settlement Class Member and you wish to apply for a Settlement benefit, you must complete and submit a Claim Form. Please read the Long Form Notice available at [www.NMSettlement.com](http://www.NMSettlement.com) carefully before completing a Claim Form. You may submit your Claim Form online at the Settlement website or by completing the Paper Claim Form and mailing it to the Settlement Administrator:

**ONLINE:** Visit the Settlement website at: [www.NMSettlement.com](http://www.NMSettlement.com) and submit your claim online.

**MAIL:** NM Settlement Administrator  
1801 Market Street, Ste 660  
Philadelphia, PA 19103

If you submit your Claim Form online, you must do so on or before **January 17, 2018**. If you are mailing your Claim Form, first-class United States Mail, it must be postmarked no later than **January 17, 2018**.

If you have questions about this Claim Form, please visit the website at [www.NMSettlement.com](http://www.NMSettlement.com), or contact the Settlement Administrator via email: [NMSettlement@AdministratorClassAction.com](mailto:NMSettlement@AdministratorClassAction.com) or toll-free at 844-412-4027.

**Before submitting this Claim Form, please make sure you:**

1. Complete all fields on the Claim Form.
2. YOU MUST sign the Attestation under penalty of perjury at the end the Claim Form.

**Please keep a copy of your Claim Form for your records.**