

IMPORTANT LEGAL MATERIALS



MILLER V. J. CREW GROUP, INC., CLAIM FORM

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN SEPTEMBER 25, 2014.

PERSONAL INFORMATION.

Please legibly print or type the following information:

Name (first, middle, and last): _____

Residential Street Address: _____

City: _____ State: _____ ZIP code: _____

Telephone Number: (____) ____ - ____ Email Address (optional): _____

The above information will be used to send you your Voucher and to communicate with you if any problems arise with your claim.

PURCHASE INFORMATION.

I declare the following:

1. During the period of time between June 20, 2009 and June 27, 2014, I purchased merchandise at a J. Crew, Madewell, crewcuts or J. Crew Factory store ("J. Crew Store").
2. The J. Crew, Madewell, crewcuts or J. Crew Factory store was located in the State of Massachusetts.
3. I used the following credit or debit card for a transaction at the Massachusetts J. Crew, Madewell, crewcuts or J. Crew Factory store:

Credit Card Debit Card

Card Type (e.g., Visa, MasterCard): _____ Last 4 Digits of Card No.: _____

4. While I was at the J. Crew Store identified in paragraphs 1-3 above, a J. Crew Store employee requested that I provide, and I did provide my Personal Identification Information, including but not limited to my ZIP code.

J. Crew Group, Inc. may verify the accuracy of your claim. Please retain in your possession any receipts, credit/debit card statements, bank statements, or other documents that support your claim.

If you cannot determine which credit/debit card you used to pay for your purchase, please fill out as much information as possible on this Claim Form and then contact the Claims Administrator about alternative methods to verify your claim.

RELEASE OF CLAIMS.

I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the notice. I agree to release all the claims, known and unknown, stated in the Settlement Agreement. I submit to the jurisdiction of the United States District Court, District of Massachusetts with regard to my claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the long-form notice and Settlement Agreement at www.MillerCrohnJCrewsettlement.com or by writing the Claims Administrator at Miller and Crohn J. Crew Settlement, c/o Rust Consulting, Inc., P.O. Box 1938, Faribault, MN 55021-7193. I agree to furnish additional information to support this claim if required to do so.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE CLAIMS ADMINISTRATOR ON OR BEFORE SEPTEMBER 25, 2014.

IF SUBMITTED BY U.S. MAIL:

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Signature: _____ Dated: ____ / ____ / ____

