

LifeMD Settlement Administrator
PO Box 3137
Baton Rouge, LA, 70821

**Your Claim Form Must Be Submitted
On or Before September 22, 2025**

W.M.F. & Matthew Marden v. LifeMD, Inc.

United States District Court of Clark County, Nevada
(Case No. A-24-906800-C)

Claim Form

This Claim Form should be filled out online or submitted by mail if you are an individual residing in the United States that is or was a member of LifeMD or RexMD or who ordered or purchased products from LifeMD or RexMD through the effective date of this Settlement Agreement and whose Private Information was allegedly disclosed to a third party through the use of Tracking Tools on Defendant's Websites. Settlement Class Members who file a valid and timely Claim Form are eligible to receive one of the following: (i) \$10 in cash; or (ii) \$25 voucher for Defendant's services or products as detailed in the Notice. You may get a Settlement benefit if you timely fill out and submit this claim form, if the Settlement is approved, and if you are found to be eligible for a Settlement benefit.

The settlement notice describes your legal rights and options. Please visit the official Settlement Website, www.LifeMDSettlement.com, or call 1-888-850-2224 for more information.

If you wish to submit a claim for a Settlement benefit, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **September 22, 2025**.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT WWW.LIFEMDSETTLEMENT.COM.

1. CLASS MEMBER INFORMATION

First Name*		Middle Initial
Last Name*		Suffix
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)*		
City*	State*	Zip Code*
Current Email Address*		
Current Phone Number	Settlement Claim ID*	

Your Settlement Claim ID is included in the notice you received by email. If you received notice by mail, your claim ID is printed on the notice. If you no longer have your notice, contact the Settlement Administrator at 1-888-850-2224.

2. PAYMENT ELIGIBILITY INFORMATION

Please review the notice and Settlement Agreement for more information on who is eligible for a payment and the nature of the benefits that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement benefit.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for **either** (i) \$10 in cash; **or** (ii) \$25 voucher for Defendant's services or products as detailed in the Notice.

☐ I would like to make a claim for \$10 in cash.

☐ I would like to make a claim for \$25 voucher for Defendant's services or products as detailed in the Notice, and would like the credit applied to (Check **ONE** of the boxes below):

Product Brand: ☐ LifeMD ☐ RexMD

3. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Settlement Administrator to provide supplemental information before my claim will be considered complete and valid.

Signature

Printed Name

Date

4. REMINDER CHECKLIST

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the Settlement Website at www.LifeMDSettlement.com and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case the Settlement Administrator needs to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please visit the Settlement Website at www.LifeMDSettlement.com and provide these documents by completing the Secure Contact Form.
4. For more information, please visit the Settlement Website at www.LifeMDSettlement.com or call the Settlement Administrator at 1-888-850-2224. Please do not call the Court or the Clerk of the Court.