Vector Class Action
Settlement Administrator
PO Box 6515
Portland, OR 97228-6515

<<Mail ID>>>>>>>>>>>>>>>>
<<#############>>>>>>>>>
<<Name1>>>>>>>>>>>>>>>>
<<Name2>>>>>>>>>>>>>>>>
<<Address1>>>>>>>>>>>>>>>>
<<Address2>>>>>>>>>>>>>>>>
<<City, State Zip Code>>>>>>>>

CLAIM FORM (knife return optional)

TO RECEIVE A MONETARY PAYMENT AS PART OF THIS SETTLEMENT, YOU MUST COMPLETE AND SIGN THIS CLAIM FORM. FAILURE TO DO SO WILL RESULT IN A DENIAL OF YOUR CLAIM.

YOU MUST MAIL THE COMPLETED AND SIGNED CLAIM FORM BY U.S. MAIL, POSTMARKED ON OR BEFORE JULY 8, 2011, IN THE ENCLOSED SELF-ADDRESSED, POSTAGE PREPAID ENVELOPE OR BY MAILING TO THE ADDRESS BELOW:

Vector Class Action
Settlement Administrator
PO Box 6515, Portland, OR 97228-6515

Please Type or Print in the Boxes Below in ONLY Blue or Black Ink.

As described in the accompanying Notice of Settlement, your share of the settlement is for your time spent in Vector's initial sales training seminar and allows you to be reimbursed for the payment you made for the sample kit. You are eligible to receive net proceeds in the amount of approximately $57 for the training time and approximately $75 for the sample kit, only if you:

- Complete and sign, under penalty of perjury, this Claim Form;
- Mail this Claim Form by the postmark deadline of JULY 8, 2011; and
- Ship the sample kit to Vector Marketing Corporation by JULY 8, 2011, using the enclosed prepaid UPS shipping label and following the instructions for packaging the sample kit for delivery via UPS.
- If you have any questions regarding how to use the UPS Label, you may call the Settlement Administrator at 1-888-227-1521.

You must return the sample kit to Vector if you would like to share in the settlement proceeds for obtaining a sample kit. You do not have to return the sample kit. But, by not returning the sample kit to Vector on or before JULY 8, 2011, you waive your right to return the sample kit to Vector, for any reason, at any time in the future.

1. Contact Information:
   Phone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐
2. Social Security Number (Last Four Digits). ☐☐☐☐
3. If you will be returning your sample kit via the prepaid, UPS shipping label on or before the shipping deadline of JULY 8, 2011, check here: ☐

Affirmation Under Penalty Of Perjury

I hereby affirm, under penalty of perjury, that the information I have provided on this Claim Form is true and correct to the best of my knowledge and that this is the only Claim Form that I have submitted. I further certify, under penalty of perjury, that I attended Vector's initial sales training seminar and that I made a payment for the sample kit from Vector. I understand, acknowledge, and agree that I am eligible to receive one payment from this settlement for my Training Time claim and one payment for my Sample Kit claim and that in receiving these settlement proceeds, I agree to the terms of the Settlement Agreement, which includes a release of all claims against Vector as more fully described in the Notice of Settlement.

Signature _____ Date ☐☐ - ☐☐ - ☐☐
M M D D Y Y

UPDATE NAME AND ADDRESS

ONLY COMPLETE THIS SECTION IF THE PREPRINTED INFORMATION ABOVE IS INCORRECT OR OUT-DATED

First Name _____ MI ☐ Last Name _____

Address _____

City _____

State ☐☐ Zip Code ☐☐☐☐☐

2D Barcode

All Claim Forms must be postmarked no later than JULY 8, 2011.