

REIMBURSEMENT AND VOUCHER CLAIM FORM

MUST BE SUBMITTED OR POSTMARKED BY APRIL 15, 2024

Hickman v. Subaru of America, Inc., No. 1:21-cv-02100-NLH-AMD (D.N.J.)

This Claim Form is for seeking reimbursement for previous out-of-pocket expenses for Qualifying CVT Repairs and/or claiming a Voucher for multiple Qualifying CVT Repairs. You do not need to submit this Claim Form to benefit from the Settlement Extended Warranty or Settlement Extended Parts Warranty coverage.

Please submit your claim either through the Settlement Website or via email on or before April 15, 2024. For mailed submissions, send your completed Claim Form with all necessary supporting documentation, postmarked no later than April 15, 2024, to:

Subaru CVT Settlement Administrator
c/o JND Legal Administration
P.O. Box 91465
Seattle, WA 98111

For more information, please consult the Class Notice, contact the Settlement Administrator at info@CVTClassActionSettlement.com or (877) 871-0321, or visit www.CVTClassActionSettlement.com.

Before proceeding, please go through the instructions on page 3. If the pre-printed information below is incorrect or absent, print, fill out, and submit copies of the pages containing Sections I, II, III, and IV with the corrected or completed information.

I. CLAIMANT CONTACT INFORMATION

Full Name

Mailing Address – Line 1

Mailing Address – Line 2 (If Applicable)

City

State

Zip Code

Telephone Number

Email Address

Questions? Contact the Settlement Administrator at info@CVTClassActionSettlement.com or (877) 871-0321

To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

II. VEHICLE INFORMATION

If you are seeking reimbursement for out-of-pocket expenses incurred for more than one vehicle, or if you are claiming a Voucher for multiple Qualifying CVT Repairs for more than one vehicle, a separate Claim Form must be submitted for each vehicle.

Vehicle Identification Number (VIN)

In-Service Date*

* The In-Service Date refers to the date when a Settlement Class Vehicle was first delivered to the retail purchaser or lessee; or if the vehicle was initially used as a “demonstrator” or “company” car, it is the date on which the vehicle was put into such service.

III. REPAIR INFORMATION AND VOUCHER CLAIM

Repair Reimbursement: Class Members can seek reimbursement for certain expenses associated with obtaining a Qualifying CVT Repair performed by an Authorized Subaru Dealer for shudder, judder, and/or hesitation related to the multiple plate transfer (MPT) clutch. Reimbursement also applies to out-of-pocket expenses related to diagnostic fees, provided the Settlement Class Vehicle required a Qualifying CVT Repair prior to the Notice Date and the repair was performed pursuant to a Recall.

Voucher: If you had two Qualifying CVT Repair visits, you may be eligible for a Voucher valued at \$400, and if you had three or more such visits, you may be eligible for a Voucher valued at \$750.

Vouchers are valid for one year from the date of issuance, after which they will expire.

Please be aware that you are not entitled to compensation for any forms of consequential damages not expressly available under the Settlement Agreement.

Appropriate documentation is required for all claimed Repair costs and Voucher claims. Detailed information concerning the required types of documentation is provided in the instructions on page 4 of this Claim Form.

Directions: Please check the box(es) corresponding to the type(s) of relief for which you are filing a claim, then enter the Repair visit dates and the amount of reimbursement sought for each visit. If you are submitting this claim for a Voucher only, you may leave the Amount Sought field blank.

Reimbursement for Pre-Notice
Out-of-Pocket CVT Repair Expenses

Voucher for Subaru purchases,
services, or merchandise.

Repair 1 Date:

Amount Sought:

Repair 2 Date:

Amount Sought:

Repair 3 Date:

Amount Sought:

Repair 4 Date:

Amount Sought:

Repair 5 Date:

Amount Sought:

IV. SIGN & DATE

*By signing this form, you are certifying under oath that you **HAVE NOT** already been reimbursed for any of the above products and/or services except as reflected on the documents you have submitted.*

Name (printed)

Signature

Date

V. INSTRUCTIONS

Supporting documentation is a necessary prerequisite for ALL claims. For any queries related to completing this Claim Form, please contact the Settlement Administrator at info@CVTClassActionSettlement.com or 877-871-0321.

If you are claiming costs for repairs carried out by an Authorized Subaru Dealer, you must include an invoice or other relevant document(s) for EACH diagnosis, testing, or repair that clearly indicates:

- The VIN of the vehicle
- Make and model of the vehicle
- Date of the diagnosis, testing, and/or repair
- Vehicle mileage at the time of repair
- A detailed account of the work performed (including, if available, a breakdown of parts and labor costs)
- Proof of the total amount paid (for both parts and labor)
- The facility that executed the repair, replacement, test, or diagnosis

Should your name or VIN not be correctly pre-printed on the Claim Form, you must also provide one or more documents to verify:

- Your ownership or leasing of a class vehicle (e.g., copy of an insurance card or repair invoice)
- The VIN of your class vehicle

Please note that a Claim must be submitted online or emailed or mailed to the Settlement Administrator, postmarked no later than April 15, 2024. Your claim submission should include a properly filled online or mailed Claim Form in addition to any supporting documentation.

If you have already received any form of reimbursement from Subaru of America, an Authorized Subaru Dealer, or any third party, for expenses included in the Settlement Agreement, you can only claim for the unreimbursed portion of those expenses.

Please be informed that you are not eligible to file a claim if the Qualifying Repair was due to a Qualifying Failure resulting from abuse, a collision or crash, vandalism, and/or other impact.