

OUT-OF-POCKET CLAIMS PROCESS – CLAIM FORM

Cohen, et al. v. Subaru of America, Inc.

You only need to submit a Claim Form if you spent money for certain repairs relating to Denso-manufactured low-pressure fuel pumps (“Fuel Pump”) covered under the Settlement and you have not previously been reimbursed.

To determine whether you are a Class Member eligible to make a claim, or for more information regarding the class action Settlement, please first visit www.SubaruFuelPumpsSettlement.com. If you still have questions regarding the claims process, call 844-552-0070.

INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM AND SUBMITTING A CLAIM FOR PAYMENT

- 1) You must timely complete, sign and submit this Claim Form and provide the Supporting Documentation and Declaration(s) to receive reimbursement of out-of-pocket expenses pursuant to the terms of the Settlement. You can complete and submit the Claim Form with the Supporting Documentation and Declaration(s) online at www.SubaruFuelPumpsSettlement.com, or on paper by mail to the address listed below. Check the Claim Form carefully to make sure all of the information is correct and that you have filled in any missing information.
- 2) Capitalized terms in this Claim Form have the same meaning as provided in the Settlement Agreement, which is available at www.SubaruFuelPumpsSettlement.com. No funds will be paid out unless and until the Settlement is finally approved by the Court, including the resolution of any appeals in favor of upholding the Settlement.
- 3) If you print this Claim Form, type or print legibly in blue or black ink. Do not use any highlighters. Provide **all** requested information to complete and submit this Claim Form, attach Supporting Documentation and Declaration(s), as specified below, and sign the Claim Form.
- 4) **You must submit your completed Claim Form and the Supporting Documentation and Declaration(s) by mail or electronically no later than ninety (90) days after the Court issues the Final Order and Final Judgment, which will be no earlier than February 16, 2025. Please check the Settlement Website, www.SubaruFuelPumpsSettlement.com, which will be periodically updated. The completed Claim Form and Supporting Documentation and Declaration(s) can be submitted online at www.SubaruFuelPumpsSettlement.com or mailed to:**

Subaru Fuel Pumps Settlement
c/o JND Legal Administration
PO Box 91497
Seattle, WA 98111

Important: Keep a copy of your completed Claim Form and the Supporting Documentation and Declaration(s). Any documents you submit with your Claim Form will not be returned. Do not send original documents. If your claim is rejected for any reason, you will be notified.

Questions? Visit www.SubaruFuelPumpsSettlement.com or call toll-free at 1-844-552-0070
To view JND’s privacy policy, please visit <https://www.jndla.com/privacy-policy>

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If you fail to timely and fully complete this Claim Form and submit the required Supporting Documentation and Declaration(s), your Claim may be denied. If your Claim is denied, you will not receive a cash payment for your Claim. The Settlement Administrator has the right to request verification of eligibility to participate in this settlement.

| SECTION I – CLASS MEMBER AND COVERED VEHICLE INFORMATION | | | | | | | | | | | | | | | |
|--|--|--|--|--------------|--|--|--|---------------|--|-----------------------|--|----------|--|--|--|
| NAME: | | | | | | | | | | | | | | | |
| <i>Last</i> | | | | <i>First</i> | | | | | | <i>Middle Initial</i> | | | | | |
| | | | | | | | | | | | | | | | |
| <i>Vehicle Identification Number (VIN):</i> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| <i>Make</i> | | | | <i>Model</i> | | | | | | <i>Model Year</i> | | | | | |
| | | | | | | | | | | | | | | | |
| YOUR ADDRESS: | | | | | | | | | | | | | | | |
| Address 1 | | | | | | | | | | | | | | | |
| Address 2 | | | | | | | | | | | | | | | |
| City | | | | | | | | State | | | | Zip Code | | | |
| Phone Number | | | | | | | | Email Address | | | | | | | |

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SECTION II – REQUIRED INFORMATION, SUPPORTING DOCUMENTATION AND DECLARATION(S)

1. Provide a repair invoice or record for out-of-pocket expenses incurred to repair or replace a Low-Pressure Fuel Pump of a Covered Vehicle, and/or associated towing or rental car expense. **The repair invoice or record MUST include the following information:**
 - (a) Your name;
 - (b) The year, Subaru model, and Vehicle Identification Number (VIN) of your Settlement Class Vehicle that was repaired;
 - (c) The name and address of the authorized Subaru Dealer or other service facility that performed the repair and/or associated towing or rental car expense;
 - (d) The date of the repair of your Settlement Class Vehicle;
 - (e) That the repair and/or associated towing or rental car expense was for the Settlement Class Vehicle’s Low-Pressure Fuel Pump;
 - (f) The amount charged for the repair;
 - (g) Proof of the Settlement Class Member’s payment for the repair work performed, including the amount paid.
 - (h) **If the repair was performed after September 24, 2024:** You must also submit, in addition to the above, documentation (such as a written estimate or invoice) confirming that prior to incurring the expense, you first attempted to have the repair performed by an authorized Subaru Dealer and that the dealer declined to perform the repair free of charge. If you are unable to obtain such documentation despite a good faith effort to do so, you may instead submit with your completed Claim Form a signed Declaration attesting to this fact and setting forth the good faith efforts you made to obtain the documentation. A form “Declaration of Initial Dealer Repair Request” is available on the Settlement Website, www.SubaruFuelPumpsSettlement.com, or by contacting the Settlement Administrator.

2. State the total Dollar Amount Claimed for Reimbursement for the Paid Repair(s):

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|--|--|--|--|---|--|--|
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|--|--|--|--|---|--|--|

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3. For the amount of the repair cost for which you are seeking to be reimbursed, did you receive any payment, concession, or goodwill accommodation or discount(s) for all or any part of that amount from any source, including from Subaru of America, Inc., a Subaru Dealer, an insurer, service contract provider, or extended warranty provider, or from any other person or entity?

Yes / No

If you answered YES, list the total amount of the cost for which you received payment, concession or goodwill accommodation or discount(s), and provide information regarding the source(s) of such payment(s):

| | | | | | | |
|--|--|--|--|---|--|--|
| | | | | . | | |
|--|--|--|--|---|--|--|

4. **Sign & Date:**

All the information that I (we) supplied in this Claim Form is true and correct to the best of my (our) knowledge and belief, and this document is signed under penalty of perjury.

| | | | | | | | | | | | |
|-----------|------|----|--|---|----|--|---|------|--|--|--|
| | Date | | | - | | | - | | | | |
| Signature | | MM | | | DD | | | YYYY | | | |

5. Submit the Claim Form and all Supporting Documentation and Declaration(s) online at www.SubaruFuelPumpsSettlement.com, or on paper by mail to:

Subaru Fuel Pumps Settlement
c/o JND Legal Administration
PO Box 91497
Seattle, WA 98111

**For more information, please view the Class Notice,
call the Settlement Administrator at 1-844-552-0070,
or visit www.SubaruFuelPumpsSettlement.com.**