



FOR OFFICIAL USE ONLY

KANE FURNITURE SETTLEMENT CLAIM FORM

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

Telephone Number (daytime)

Email Address

COMPLETE BOX 1 OR BOX 2**BOX 1**

- ☐ I certify, under penalty of perjury, that I complained to Kane Furniture Corporation about peeling, cracking, or flaking of the bonded leather furniture that I purchased **within 1 year of my purchase** for a total purchase price of \$_____ and am entitled to receive a cash payment of the purchase price of the bonded leather furniture and any payments made to Kane Furniture Corporation for furniture repairs, or alternatively an in-store voucher. My choice is selected below.

Date of Complaint (month and year): ____ / ____ (**Must include month and year in order to be eligible**)Name of Kane Furniture employee complained to: _____ (**If known**)Store location complained to: _____ (**If known**)Did you purchase any replacement parts? _____ (**Yes/No**)

I select the following as my recovery (select either 100% cash refund or 100% in-store voucher):

- ☐ I request a 100% cash refund.

OR

- ☐ I request a 100% in-store voucher.

BOX 2

- ☐ I certify, under penalty of perjury, that I complained to Kane Furniture Corporation about peeling, cracking, or flaking of the bonded leather furniture that I purchased **within 1 to 2 years of my purchase** for a total purchase price of \$_____ and am entitled to receive a cash payment of fifty percent (50%) of the purchase price of the bonded leather furniture and any payments made to Kane Furniture Corporation for furniture repairs, or alternatively an in-store voucher for one hundred percent (100%) of the purchase price of the bonded leather furniture. My choice is selected below.

Date of Complaint (month and year): _____ (**Must include month and year in order to be eligible**)Name of Kane Furniture employee complained to: _____ (**If known**)Store location complained to: _____ (**If known**)Did you purchase any replacement parts? _____ (**Yes/No**)

I select the following as my recovery (select either 50% cash refund or 100% in-store voucher):

- ☐ I request a 50% cash refund.

OR

- ☐ I request a 100% in-store voucher.

Disclosure: By signing below, I declare that I have read the terms and conditions of the class action settlement and this Proof of Claim, and that the information provided is true and correct, under penalty of perjury, punishable as provided in Florida Statutes, sections 775.082, 775.083, and/or 775.084.

Must state whether you are in possession of furniture in order to be eligible:

I do_____ / do not_____ (check only one) have possession of my Kane Bonded Leather Furniture.

Signature

Date

Reminder

1. Complete and sign the Claim Form.
2. Submit your Claim Form by mail postmarked no later than April 11, 2017, to:

Kane Furniture Corp. Settlement Administrator
c/o A.B. Data, Ltd.
P.O. Box 170800
Milwaukee, WI 53217
3. Keep a copy of the completed Claim Form for your records.
4. Retain your proof-of-purchase documentation until your claim is closed. You will be notified if you are required to provide this documentation during the claim-verification process.