

# EXHIBIT 6

*In re JUUL Labs, Inc.*  
Class Action Settlement

**JUUL WEBSITE PURCHASER CLAIM FORM**

JUUL's records show that you spent \$**XX** purchasing products from the JUUL website during the class period.

To submit your claim for the amount listed above, please provide all information requested in Section I and click SUBMIT at the bottom of this page.

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Email Address @

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / / \_\_\_\_\_  
Phone Number Date of Birth MM/DD/YEAR

Preferred Method of Receiving your Settlement Payment

Amazon  PayPal  Venmo  ACH  Mastercard  Paper Check

[selection of one of the above will prompt the claimant to provide further details for payment processing]

If you do not make a selection, you will receive a Paper Check via mail to the address you provided.

**If you wish to make an additional claim based on purchases of JUUL Products from retailers (other than the JUUL website), click HERE.**

[the following information will appear only if the claimant clicks the HERE button above]

If you also purchased JUUL products from retailers, such as convenience stores or smoke shops, you may also submit a claim for those Purchases. To submit a claim for those purchases in addition to your purchases from the JUUL website, you must complete this section.

Please provide the following information about your retail purchases of JUUL Products.

Month and Year you first purchased JUUL Products from a retailer other than the JUUL website:

\_\_\_\_\_/\_\_\_\_\_  
MM / YY

Month and Year you last purchased JUUL Products from a retailer other than the JUUL website:

\_\_\_\_\_/\_\_\_\_\_  
MM / YY

- Please provide the following information about the number of JUUL products you purchased **on average in a year** from a retailer **other than** the JUUL website.
- Provide only the number of products you purchased per year from a retailer **other than** the JUUL website. Do not provide the **total number** of JUUL products purchased in multiple years.
- Do not provide the dollar amount you spent on such Products. Please only provide yearly average **quantities** for each product you purchased from a retailer **other than** the JUUL website.

<b>Product Type</b>	<b><u>NUMBER</u> of Product Purchased <u>on Average</u> in a Year (<u>NOT</u> Dollars Spent) from a retailer <b><u>other than</u></b> the JUUL website.</b>
JUUL Pods (4 pack)	
JUUL Pods (2 pack)	
Starter Kit (Device, USB Charger, 4 JUULpods)	
Starter Kit (Device, USB Charger, 2 JUULpods)	
Basic Kit / Device Kit (Device plus USB Charger)	
USB Charger	
Charging Case	

The device quantities above will be used to determine your Retail Expenditure for retail purchases. If you prefer to submit your retail purchase claim based on proofs of purchase, you may leave the above fields blank and submit your documentation instead.

[If Applicable: Based on the amount of your retail purchases listed above, you are required to provide proofs of purchase for your retail purchases. To do so, click [HERE](#). If you do not provide proofs of purchase, you will only receive a claim based on based on the maximum allowable amount of retail purchases (in addition to the amounts you purchased from the JUUL website, if any).]

Notice: All claims are subject to audit by the Claims Administrator. If your claim is subject to audit for any reason, the Claims Administrator will notify you at the email address provided above or, if you did not provide an email address, at the mailing address above. Failure to respond may result in your Claim being disallowed, in whole or in part.

To submit your claim, click below.

## SUBMIT CLAIM

By submitting my claim, I declare under penalty of perjury under the laws of the United States of America that the information submitted on this Claim Form is true and correct, that I purchased the amount of JUUL listed in my Claim Form, and that I believe I am a Settlement Class Member entitled to the relief requested by submitting this Claim Form.

*In re JUUL Labs, Inc.*  
Class Action Settlement

**RETAIL PURCHASER CLAIM FORM**

**Section I. Claimant Information (All Fields Required)**

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Email Address @

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Phone Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth MM/DD/YEAR

**Section II. Retail Expenditure Information (All Fields Required)**

Please provide the following information about your Purchases of JUUL Products.

Month and Year you first purchased JUUL Products:

\_\_\_\_/\_\_\_\_  
MM / YY

Month and Year you last purchased JUUL Products:

\_\_\_\_/\_\_\_\_  
MM / YY

- Please provide the following information about the number of JUUL products you purchased **on average in a year**.
- Provide only the number of products you purchased *per year*. Do not provide the total number of JUUL products purchased in multiple years.
- Do not provide the dollar amount you spent on such Products. Please only provide yearly average **quantities** for each product you purchased.

Product Type	<b><u>NUMBER</u> of Products Purchased on Average in a Year (<u>NOT</u> Dollars Spent) from a retailer <u>other than</u> the JUUL website.</b>
JUUL Pods (4 pack)	
JUUL Pods (2 pack)	
Starter Kit (Device, USB Charger, 4 JUULpods)	
Starter Kit (Device, USB Charger, 2 JUULpods)	
Basic Kit / Device Kit (Device plus USB Charger)	
USB Charger	
Charging Case	

The device quantities above will be used to determine your Retail Expenditure using pricing data from JUUL. If you prefer to submit your claim based on proofs of purchase, you may leave the above fields blank and submit your documentation.

[If Applicable: Based on the amount of your retail purchases listed above, you are required to provide proofs of purchase for your retail purchases. To do so, click [HERE](#). If you do not provide proofs of purchase, you will only receive a claim based on the maximum allowable amount of retail purchases (in addition to the amounts you purchased from the JUUL website, if any).]

Preferred Method of Receiving your Settlement Payment

Amazon     PayPal     Venmo     ACH     Mastercard     Paper Check

[selection of one of the above will prompt the claimant to provide further details for payment processing]

If you do not make a selection, you will receive a Paper Check via mail to the address you provided.

Notice: All claims are subject to audit by the Settlement Administrator. If your claim is subject to audit for any reason, the Settlement Administrator will notify you at the email address provided above or, if you did not provide an email address, at the mailing address above. Failure to respond may result in your Claim being disallowed, in whole or in part.

To submit your claim, click below.

## SUBMIT CLAIM

By submitting my claim, I declare under penalty of perjury under the laws of the United States of America that the information submitted on this Claim Form is true and correct, that I purchased the amount of JUUL listed in my Claim Form, and that I believe I am a Settlement Class Member entitled to the relief requested by submitting this Claim Form.