

PROOF OF CLAIM AND RELEASE FORM

Deadline for Submission: August 30, 2024

IF YOU PURCHASED OR ACQUIRED NBA TOP SHOT MOMENTS (“MOMENTS”) BETWEEN JUNE 15, 2020 AND DECEMBER 27, 2021, BOTH DATES INCLUSIVE (THE “SETTLEMENT CLASS PERIOD”) YOU ARE A “SETTLEMENT CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE SETTLEMENT CLASS ARE: (1) DEFENDANTS; (2) THE OFFICERS AND DIRECTORS OF DAPPER LABS, INC. AT ALL RELEVANT TIMES; (3) MEMBERS OF IMMEDIATE FAMILIES AND THEIR LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS OR ASSIGNS OF ANY EXCLUDED PERSONS; (4) ANY ENTITY IN WHICH DEFENDANTS OR ANY EXCLUDED PERSONS HAVE OR HAD A CONTROLLING INTEREST; AND (5) PERSONS WHO SUBMIT VALID AND TIMELY REQUESTS FOR EXCLUSION IN ACCORDANCE WITH THE PRELIMINARY APPROVAL ORDER.)

IF YOU ARE A SETTLEMENT CLASS MEMBER, IN ORDER TO SHARE IN THE DISTRIBUTION OF THE NET SETTLEMENT FUND, **YOU MUST COMPLETE AND SUBMIT THE ELECTRONIC VERSION OF THIS PROOF OF CLAIM AND RELEASE FORM (“CLAIM FORM”) BY 11:59 P.M. EST ON AUGUST 30, 2024 AT THE CLAIMS ADMINISTRATOR’S WEBSITE, WWW.FRIELVDAPPERLABSETTLEMENT.COM.**

YOUR FAILURE TO SUBMIT YOUR CLAIM BY AUGUST 30, 2024, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. IF YOU ARE A SETTLEMENT CLASS MEMBER AND DO NOT SUBMIT A PROPER CLAIM FORM, YOU WILL NOT SHARE IN THE SETTLEMENT BUT YOU NEVERTHELESS WILL BE BOUND BY THE SETTLEMENT (INCLUDING ITS RELEASE OF CLAIMS), THE COURT’S ORDER AND FINAL JUDGMENT UNLESS YOU EXCLUDE YOURSELF. SUBMISSION OF A CLAIM FORM DOES NOT GUARANTEE THAT YOU WILL SHARE IN THE PROCEEDS OF THE SETTLEMENT.

CLAIMANT’S STATEMENT

1. I (we) purchased or acquired NBA Top Shot Moments (“Moments”) during the Settlement Class Period. (Do not submit this Proof of Claim and Release Form if you did not purchase Moments during the Settlement Class Period.)
2. By submitting this Proof of Claim and Release Form, I (we) state that I (we) believe in good faith that I am (we are) a Settlement Class Member(s) as defined above and in the Notice of Pendency and Proposed Settlement of Class Action (the “Notice”), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Action or anyone excluded from the Settlement Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Settlement Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Settlement Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Claim Form (“Claim Form”). I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Settlement Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Claim Form.
4. I (we) have provided my identification number assigned to me by the Claims Administrator.

5. I (we) understand that the information contained in this Claim Form is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to calculate your Recognized Loss efficiently and reliably. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information.)
6. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Claim Form on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Released Claims," as those terms are defined in the Stipulation of Settlement, dated June 3, 2024 ("Stipulation").
7. Upon the occurrence of the Court's approval of the Settlement, as detailed in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a covenant by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Claim Form on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) to permanently refrain from prosecuting or attempting to prosecute any Released Claims against any of the Released Parties.
8. I acknowledge that "Released Parties" has the meaning laid out in the Stipulation.
9. I acknowledge that "Released Claims" has the meaning laid out in the Stipulation.
10. I acknowledge that "Unknown Claims" has the meaning laid out in the Stipulation.
11. I (We) acknowledge that the inclusion of "Unknown Claims" in the definition of claims released pursuant to the Stipulation was separately bargained for and is a material element of the Settlement of which this release is a part.

I. CLAIMANT INFORMATION

Beneficial Owner Name:		
Address:		
City	State	ZIP
Foreign Province	Foreign Country	
Day Phone	Evening Phone	
Email		
Social Security Number (for individuals):	O R	Taxpayer Identification Number (for estates, trusts, corporations, etc.):
Identification Number Assigned by Claims Administrator		

II. FORM OF PAYMENT

You must choose how to receive your distribution payment from the Net Settlement Fund (the distribution amount will be the same whichever form you choose). **YOU MUST CHOOSE ONLY ONE FORM OF PAYMENT FROM THE FOLLOWING OPTIONS:**

I choose to receive my distribution payment from the Net Settlement Fund via an Electronic Debit MasterCard, which will be sent to me by email to the email address identified in Section I above;

OR

I choose to receive my distribution payment from the Net Settlement Fund via an electronic gift card, which will be sent to me by email to the email address identified in Section I above, and I choose to receive the brand of gift card checked below: (If you choose to receive an electronic gift card but do not choose one of the options below, an Amazon electronic gift card will be the default choice.)

Amazon _____

Target _____

Walmart _____

OR

I choose to receive my distribution payment from the Net Settlement Fund via a paper check, which will be mailed to me at the address listed in Section I above. If you choose this option, please allow additional time for the payment to reach you.¹

If a form of payment is not selected above in Section II, the default payment form will be Electronic Debit MasterCard.

¹ Paper checks are only available for those Settlement Class Members who will receive a payment of at least \$25.00. If you elect to receive a paper check, but the payment amount for which you are eligible is less than \$25.00, you will automatically receive payment via an Electronic Debit MasterCard.

III. CERTIFICATION

I (We) submit this Proof of Claim and Release Form under the terms of the Settlement Stipulation described in the Notice. I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the release and covenant not to sue set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in this Action. I (We) have not submitted any other claim covering the same purchases or acquisitions of Moments during the Settlement Class Period and know of no other Person having done so on my (our) behalf.

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding; or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign):

(Signature)

(Signature)

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)
 Check here if proof of authority to file is enclosed.
(See Item 2 under Claimant’s Statement)

Date: _____

THIS PROOF OF CLAIM AND RELEASE FORM MUST BE SUBMITTED ONLINE BY 11:59 P.M. EST ON AUGUST 30, 2024 AT WWW.FRIELVDAPPERLABSSETTLEMENT.COM

A Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator. The Claims Administrator will acknowledge receipt of your Claim Form by emailing a confirmation. Your claim is not deemed filed until you receive such an acknowledgement.

You should be aware that it will take a significant amount of time to process fully all of the Claim Forms and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Claim Form. Please notify the Claims Administrator of any change of address.