

Exhibit F

AccuFit Class Action Settlement

CLAIM FORM

INSTRUCTIONS

Plaintiffs claim that LensCrafters made certain statements regarding its AccuFit Digital System that were allegedly false or misleading. LensCrafters strongly denies Plaintiffs' allegations and asserts that it never made any false or misleading statements about AccuFit.

You are a Class Member if you are a United States resident who, from September 5, 2013 to [date of Preliminary Approval Order] purchased prescription eyeglasses in the United States from LensCrafters after being fitted with AccuFit. To be eligible for payment you must submit a valid Claim no later than [REDACTED], 2023.

How Do I Fill Out and Submit This Claim Form?

If you believe you are eligible and you would like to submit a claim, you have two options: (1) complete and submit the online Claim Form at www.AccuFitClassAction.com, or (2) complete a paper Claim Form and send it by first-class mail to:

AccuFit Class Action Settlement
c/o Kroll Settlement Administration, LLC
P.O. Box 5324
New York, NY 10150-5324

Your claim must be submitted online, or post-marked, by [REDACTED], 2023. Please read and follow these instructions carefully. Please do not omit any information asked for. Failure to provide complete and accurate information may result in a delay in the processing of your Claim Form.

Settlement payments may be digitally sent to you via email. Please ensure you provide a current, valid email address and mobile phone number with your Claim submission. During the Claims submission process, you will be provided with a number of digital payment options to receive your Settlement payment. If the information you include with your submission becomes invalid or outdated for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. If you do not provide a valid email address, a physical check will be mailed to you at the street address you provide below.

The information provided on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

ACCUFIT CLASS ACTION CLAIM FORM

NAME*

FIRST NAME, LAST NAME

STREET ADDRESS*

APT

CITY*

STATE*

ZIP*

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

MOBILE PHONE NUMBER*

(<input type="text"/>)	<input type="text"/>	-	<input type="text"/>
--------------------------	----------------------	---	----------------------

EMAIL ADDRESS*

VERIFY EMAIL ADDRESS*

Please ensure you provide a current, valid email address and mobile phone number with your Claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide the Settlement Administrator with a current, valid email address and mobile phone number for payment.

Please complete the below chart with the information requested:

PURCHASE DATE	LENSCRAFTERS LOCATION OF PURCHASE (CITY AND STATE)	STATE OF RESIDENCE WHEN PURCHASE WAS MADE

DOCUMENTATION

For a Claim to be considered valid, you must provide proof of purchase by submitting one (1) of the following:

1. A copy of the receipt(s) of the purchase (must identify the prescription glasses model, date of purchase,

- and LensCrafters location); or
2. A statement under penalty of perjury that the Class Member purchased the claimed prescription glasses after being fitted with AccuFit.

Your failure to complete and submit the Claim Form filed online or postmarked by [REDACTED], 2023, may prevent you from receiving any payment from the Settlement. Claim Forms must be substantially complete at the time of submission to be considered timely filed. Submission of this Claim Form does not ensure that you will share in the payment. The Settlement Administrator reserves the right to dispute the material facts concerning your claim and may require additional information and/or documentation to validate your claim.

CERTIFICATION

By signing this Claim submission, I certify, under penalty of perjury, that the information included with this Claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this Claim submission on behalf of a Claimant, I certify that I am authorized to submit this Claim submission on the individual's behalf. I am, or the individual on whose behalf I am submitting this Claim submission is, a member of the Class, and have not submitted a request to exclude myself, or "opt out of," the Settlement. I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this Claim submission if so requested to do so by the Settlement Administrator.

SIGNATURE*

DATE*
