

Refund Request

Monat Global Corp., Agency Case No. **L18-3-1232**

Instructions: This refund request form is for consumers who purchased a “Covered Product” between June 1, 2014 and August 17, 2020. “Covered Product” means any dietary supplement, food, drug, or cosmetic product, whether for humans or animals, and any membership program, including the Monat VIP Program. If you have suffered a monetary loss that has not already been refunded and relates to a purchase with **Monat Global Corp. (“Monat”)**, including from the following websites: **monatglobal.com and mymonat.com**, please complete this form in its entirety and mail it to the address listed at the bottom of this form. If you need additional room, please attach additional pages to this form and note the numbered paragraph to which it responds. Please remember to include any supporting documentation that you have. You must submit this form by **February 13, 2021 to be eligible for a refund** under the Florida Attorney General’s settlement with Monat. **IF YOU ARE SEEKING A REFUND FROM MORE THAN ONE PURCHASE OR FOR MORE THAN ONE PRODUCT RELATING TO A SINGLE PURCHASE, PLEASE COMPLETE A SEPARATE FORM FOR EACH PURCHASE OR PRODUCT AND SUBMIT THE FORMS TOGETHER.**

IMPORTANT: Please note that by submitting this Request Form and/or accepting payment from Monat, you may be not be eligible for any further refunds from Monat. We cannot offer you legal advice; please confer with a lawyer if you are seeking legal advice.

Please **PRINT OR TYPE** your current contact information below:

First Name		Last Name	
Address			
City	State	9-Zip Code	
Telephone Number		Email	

1. The total amount I have paid to Monat is: \$_____. As proof of this payment amount, I am submitting the following document(s) (bank statement, receipt, etc.): _____.

2. Of the total listed above in Question 1, I have already been refunded (include any chargebacks or refunds issued by the company, your bank, credit card company, other financial institution, etc.):
\$_____.

3. The Monat Global Corp. account number associated with my purchase is: _____.
The consumer name associated with my purchase is _____.

4. Return of product:

4a. I returned the Monat Global Corp. Covered Product on: _____. As proof of this return, I am submitting the following document(s) (return number, receipt, tracking number, etc.):

OR

4b. I did not return the Covered Product. Provide and Explanation about why the Covered Product could not be returned (REQUIRED) _____

Explanation as to how I was misled or otherwise harmed in my transaction with Monat Global Corp. (REQUIRED): _____

5. My outstanding loss with Monat (amount paid minus amount refunded) is: \$ _____.

6. The reason for requesting a refund (if not already described above): _____

IMPORTANT: You MUST identify a total dollar amount for your loss and provide supporting documents that support your claim. Your remaining loss claim may only include money you paid for **Monat Global Corp.** Covered Products. Your claim may **NOT** include your lost time, interest or other bank fees incurred by you, postage fees, **money already refunded** by Monat, or any other damages or fees incurred as a result of your transaction with Monat Global Corp.

I DO HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____ Date: _____

(Signature is REQUIRED)

**ALL FORMS & SUPPORTING DOCUMENTS MUST BE POSTMARKED BY
February 13, 2021.**

MAIL, EMAIL, OR FAX COMPLETED FORMS TO:

**Nicole Zucco
Victim Services Program Specialist
110 S.E. 6th Street, 10th Floor
Fort Lauderdale, Florida 33301
E-mail: FTL.EC@myfloridalegal.com
Phone: 954-712-4641
Fax: 954-527-3708**