In re Chantix (Varenicline) Mktg., Sales Pracs. & Prods. Liab. Litig. (No. II)
22-MD-3050 (KPF), 22-MC-3050 (S.D.N.Y.))

INDIVIDUAL CONSUMER CLAIM FORM

YOUR CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE ON OR BEFORE **SEPTEMBER 14, 2026.**

Unless otherwise defined herein, capitalized terms contained in this Claim Form have the same meaning as the Class Action Settlement Agreement.

You may be eligible to receive payment from the $44 million Settlement if you submit a timely and valid Claim Form using the Settlement Website, www.ChantixSettlement.com.

OR

Mail your claim to:

Chantix Settlement
c/o A.B. Data, Ltd.
P.O. Box 173137
Milwaukee, WI 53217

ATTENTION: THIS FORM IS ONLY TO BE FILLED OUT BY INDIVIDUAL CONSUMERS. IF YOU ARE A THIRD-PARTY PAYOR, PLEASE FILL OUT THE THIRD-PARTY PAYOR FORM

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative

Street Address

City State Zip

Mobile Telephone Number Email Address*

*By providing your email address, you authorize the Settlement Administrator to use it in providing you with information relevant to this claim.

Unless you affirmatively select alternative means for payment, all Settlement payments will be digitally sent to you via email. 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 accurate contact information to the Settlement Administrator to receive a payment.

Section B: Confirmation of Settlement Class Membership

In order to be eligible to file a Claim Form and receive a Settlement payment from the proposed Settlement, you must be a person who paid for Chantix in the United States and its territories from September 29, 2015 through September 17, 2021.

Several groups are excluded from the Settlement Class and are not eligible to file a Claim Form and receive a Settlement payment from the proposed Settlement, even if they otherwise meet the definition above. The following groups are excluded from the Settlement Class:

a. Any person or entity who is an officer, director, manager, or employee of Pfizer, Inc.;

b. Government agencies or governmental actors, including, without limitation, any state Attorney General office;

c. Consumers whose only purchases of Chantix occurred before September 29, 2015 or after September 17, 2021; and

d. Any person who has previously opted out of the Settlement Class in this case.

□ By checking this box, I confirm that I have read the definition of the Settlement Class and I am not excluded from participating in the Settlement.

Section C: Purchase Information

Provide the total number of Chantix prescriptions that you purchased AND the total amount of your out-of-pocket expenditure (i.e., health insurance or pharmacy copayment, coinsurance, or deductible) for purchases of Chantix from September 29, 2015 through September 17, 2021:

Number of Chantix prescriptions:	
Total amount of out-of-pocket expenditure you paid for the Chantix prescriptions identified above:	$

Were the Chantix purchases identified above made using some form of insurance benefit that covered some of the costs of those purchases: Yes _____ No _____ (please check one).

If you used some form of insurance benefit, identify the name(s) of your insurer(s) and your policy number: _____

_____

Section D: Note Regarding Documentation

You do not need to provide any documentation at this time. However, the Settlement Administrator may ask for additional proof supporting your claim. Any one of the following is acceptable as claim documentation for the purchase information set forth in Section C above, if requested by the Settlement Administrator:

1. An explanation of benefits from your insurance company that shows you paid for Chantix,
2. Records from your pharmacy showing that you paid for Chantix, or
3. Copies of records showing prescriptions written for Chantix.

Section E: Certification

I have read and am familiar with the contents of this Claim Form. I certify that the information I have set forth above is true, correct, and complete to the best of my knowledge. I certify that I, or the Settlement Class Member I represent, paid the total amount set forth above in out-of-pocket expenditures for Chantix prescriptions from September 29, 2015 through

September 17, 2021. I further certify that I, or the Settlement Class Member I represent, did not opt out of the Settlement Class in this Action. Nor did I, or the Settlement Class Member I represent, purchase Chantix for purposes of resale.

In addition, I (1) am not a person or entity who is an officer, director, manager, or employee of Pfizer, Inc. and (2) am not a governmental actor, including, without limitation, any state Attorney General office.

I hereby submit to the jurisdiction of the United States District Court for the Southern District of New York for all purposes connected with this Claim Form, including resolution of disputes relating to this Claim Form. I acknowledge that any false information or representations contained herein may subject me to sanctions, including the possibility of criminal prosecution. I agree to supplement this Claim Form by furnishing documentary backup for the information provided herein, upon request of the Settlement Administrator. I understand that Claims will be audited for veracity, accuracy, and fraud. Claim Forms that are not valid and/or illegible may be rejected, including but not limited to, failure to provide wet signatures if requested by the Settlement Administrator.

I certify, under penalty of perjury, that the above information supplied by the undersigned is true and correct to the best of my knowledge and that this Claim Form was executed this ___ day of _____, 2026.

Signature Print or Type Name

If you have not completed this Claim Form online and submitted it electronically through the Settlement Website, you must mail the completed Claim Form, postmarked on or before **September 14, 2026**, to the following address:

Chantix Settlement
c/o A.B. Data, Ltd.
P.O. Box 173137
Milwaukee, WI 53217

Toll-Free Telephone: 1-877-354-3912 Website: www.ChantixSettlement.com

REMINDER CHECKLIST:

1. Please complete and sign the above Claim Form.

2. Keep a copy of your Claim Form and supporting documentation for your records.

3. If you move and/or your name changes or you wish to receive payment through alternative means, please send your new address and/or your new name or contact information to the Settlement Administrator via the Settlement Website or U.S. Mail. The addresses are listed above.