

INFORMATION ABOUT YOUR RECALLED TOY(S)

Please provide the following information for each Recalled Toy. By submitting this Claim Form for a Recalled Toy(s) that you discarded or disposed of, you are certifying that you did so as a result of the Recall announcements. You must indicate whether you would like to receive payment in the form of a check or Voucher, as some categories provide you a choice.

*Product Number from Exhibit A

Grid for Product Number from Exhibit A

*Product Name from Exhibit A

Grid for Product Name from Exhibit A

Date of Purchase or Acquisition

MM / DD / YY grid for Date of Purchase or Acquisition

If Purchase, Price Paid (if Known)

\$ grid for Price Paid

If Purchase, Name & Location of Retailer:

Grid for Retailer Name

Grid for Retailer Location

Address:

Grid for Address

City:

State:

Zip Code:

Grids for City, State, and Zip Code

Gender and Year of Birth of Recipient

Gender (M/F) and Year (YYYY) selection

Date You Discarded the Recalled Toy (If You no Longer Possess It)

MM / DD / YY grid for Date Discarded

"Check" or "Voucher" (If applicable)

Check/Voucher selection

For additional toys:

*Product Number from Exhibit A

Grid for Product Number from Exhibit A

*Product Name from Exhibit A

Grid for Product Name from Exhibit A

Date of Purchase or Acquisition

MM / DD / YY grid for Date of Purchase or Acquisition

If Purchase, Price Paid (if Known)

\$ grid for Price Paid

If Purchase, Name & Location of Retailer:

Grid for Retailer Name

Grid for Retailer Location

Address:

Grid for Address

City:

State:

Zip Code:

Grids for City, State, and Zip Code

Gender and Year of Birth of Recipient

Gender (M/F) and Year (YYYY) selection

Date You Discarded the Recalled Toy (If You no Longer Possess It)

MM / DD / YY grid for Date Discarded

"Check" or "Voucher" (If applicable)

Check/Voucher selection

Note: For additional Recalled Toys, please copy this Claim Form and attach additional pages.

CLAIM FORMS MUST BE POSTMARKED OR SUBMITTED BY MAY 29, 2010. QUESTIONS? CALL 1-888-955-2715 OR VISIT WWW.MATTELSETTLEMENT.COM

***Note: Exhibit A is the list of Recalled Toys that are included in this Settlement.**

Note: Please return all pages of the Claim Form.



INFORMATION ABOUT LEAD TESTING

If you spent money to test a child's lead level because he/she was exposed to a Recalled Toy(s), Mattel will pay you back for the cost of one test per child, if the test was performed within six (six) weeks of the Recall announcement of the Recalled Toy(s) to which the child was exposed. Please submit documentation with this Claim Form of the testing and disclose any reimbursement you received from a third party, such as an insurer. Do NOT send original documents; send photocopies or PDFs. By submitting this Claim Form, you certify that you are the parent or guardian of each child who was tested. All information regarding the child and his/her testing will be kept fully confidential, including from Mattel and Fisher-Price, and will be destroyed within one week after all Claims are paid.

Tested Child

Last Name

First Name

Address

City

State

Zip Code

*Product Number from Exhibit A

*Product Name from Exhibit A

Gender and Year of Birth of Tested Child

M F

Date of Purchase or Acquisition of Recalled Toy

/ /

Exposure Date(s) to Recalled Toy

/ / — / /

Medical Provider Who Performed Test

Date of Test

/ /

Total Cost of Test

\$.

Reimbursed Amount

\$.

Note: For an additional Child, please copy this Claim Form and attach additional pages.

Please submit only Recalled Toy(s) that are part of this Settlement. Toys incorrectly identified by you as being part of this Settlement and sent to the Claims Administrator will become the property of Mattel and will not be returned to you.

Under penalty of perjury, I affirm that I am 18 or older and the statements made in this Claim Form are true and correct. I acknowledge that by participating in this Settlement, I am providing the Release described in the Class Notice to the Released Parties, except any individual claim for personal injuries, and I will be bound by the Covenant Not To Sue described in the Class Notice.

Signature

Date

**CLAIM FORMS MUST BE POSTMARKED OR SUBMITTED BY MAY 29, 2010.
QUESTIONS? CALL 1-888-955-2715 OR VISIT WWW.MATTELSETTLEMENT.COM**

***Note: Exhibit A is the list of Recalled Toys that are included in this Settlement.**

Note: Please return all pages of the Claim Form.

