

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

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CHRISTOPHER R. LONNER, individually and :
on behalf of all others similarly situated, :
Plaintiff, :

Index No. 04-2246
(Scheinkman, J.)

vs. :
SIMON PROPERTY GROUP, INC. :
Defendant. :

CLAIM FORM/RELEASE

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ALIZA GOLDMAN, individually and :
on behalf of all others similarly situated, :
Plaintiff, :

vs. :
SIMON PROPERTY GROUP, INC. :
Defendant. :

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This Claim Form/Release must be completed and mailed to the Settlement Administrator postmarked **no later than October 30, 2010** in order for you to be entitled to receive a refund of Administrative Fees under the Settlement. The amount of the refund will be equal to 100% of the Administrative Fees you incurred after 6 months from the Gift Card purchase up to the Gift Card expiration date. Additionally, if you renewed a Gift Card through the purchase of a replacement Gift Card and the payment of an expired Card fee, if applicable, and additional Administrative Fees were deducted from the Card balance after the expiration date and before the issuance of the new Gift Card, Simon will also refund 100% of these additional Administrative Fees (but not the expired card replacement fee). Simon will only pay one Class Member for each Gift Card number.

IN ORDER TO BE ENTITLED TO RECEIVE YOUR REFUND, YOU MUST EXECUTE THE CERTIFICATION UNDER PENALTIES OF PERJURY THAT YOU ARE A CLASS MEMBER AS DEFINED IN THE ACCOMPANYING NOTICE, THAT THE CARD NUMBER BELOW IS YOUR CARD NUMBER AND THAT YOU ARE THE CARDHOLDER ENTITLED TO CLAIM AND BE PAID THE REFUND OF THE ADMINISTRATIVE FEES PURSUANT TO THE SETTLEMENT FOR THE CARD NUMBER YOU HAVE IDENTIFIED BELOW.

In addition, please provide the following information where and to whom the Refund check should be mailed, and sign and date the certification and release below.

CARD NUMBER: _____
Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____

I hereby certify under penalties of perjury that I am a member of the Class as defined in the accompanying Notice, that the Card Number above is my Card Number and that I am the Cardholder entitled to claim and be paid the Refund of the Administrative Fees pursuant to the Settlement for the Card Number identified above.

I also hereby agree to the terms of the Settlement Agreement Release described in the Notice of Settlement and stated in full in the Settlement Agreement.

Signature _____ Dated: _____, 2010
Print Name _____

ALL QUESTIONS REGARDING THIS CLAIM FORM OR ANY POTENTIAL SETTLEMENT BENEFITS YOU MAY BE ENTITLED TO RECEIVE UNDER THE SETTLEMENT SHOULD BE DIRECTED TO THE SETTLEMENT ADMINISTRATOR:

**SIMON GIFT CARD SETTLEMENT
RG2 CLAIMS ADMINISTRATION
P.O. BOX 59479
PHILADELPHIA, PA 19102-9479
(866) 742-4955**