

SCHEDULE E – SETTLEMENT AGREEMENT

PRODUCT DISTRIBUTION FORM (THIS FORM MUST ONLY BE SUBMITTED IF YOU WISH TO SUBMIT AN UPDATED MAILING ADDRESS)

**Class Action Settlement with Olaplex, Inc.
(S.C.M.: 500-06-001178-223)**

THIS FORM MUST BE RECEIVED BY EMAIL AT soinscheveux@proactio.ca ON OR BEFORE FEBRUARY 27, 2026.

Name: _____

Street Address: _____

City: _____

Province: _____

Postal code: _____

Telephone: _____

Email: _____

Language preference: French English

By submitting this form, I also declare that I am a Settlement Class Member, meaning I purchased from the Defendants at least one (1) bottle of the Product (Olaplex’s No. 3 Hair Repair Perfector) between March 1, 2019 and August 31, 2022 (the “**Class Period**”), using a billing address in Quebec.

I also confirm that the bottle of the Product I purchased during the Class Period was shipped (if applicable) at the following address:

Street Address: _____

City: _____

Province: _____

Postal code: _____

By submitting this form online, I sign the above.