

PROOF OF CLAIM

Before completing this form, please read the detailed instructions on pages 4–5. When filling out this form, type or print in the boxes below in **CAPITAL LETTERS**; do not use red ink, pencils or staples.

PART I: CLAIMANT INFORMATION

Beneficial Owner's First Name M.I. Beneficial Owner's Last Name

Co-Beneficial Owner's First Name M.I. Co-Beneficial Owner's Last Name

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City State ZIP Code

Foreign Country (only if not United States)

Social Security Number - - OR Taxpayer Identification Number -

Telephone Number (Home) - - Telephone Number (Work) - -

Email Address

Account Number (if filing for multiple accounts, file a separate Proof of Claim Form for each account)

Claimant Account Type (check appropriate):

- Individual (includes joint owner accounts)
- Corporation
- IRA/401(k)
- Pension Plan
- Estate
- Other: _____ (please specify)
- Trust

(TURN TO NEXT PAGE)

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME(US) ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this _____ day of _____ in _____, _____
(Day) (Month/Year) (City) (State/Country)

(Signature of Claimant)

(Print Name of Claimant)

(Signature of Joint Claimant, if any)

(Print Name of Joint Claimant, if any)

(Signature of Person Signing on Behalf of Claimant, if any)

(Print Name of Person Signing on Behalf of Claimant, if any)

(Capacity of Person Signing on Behalf of Claimant, if Other Than an Individual, e.g., Executor, President, Trustee, Custodian, etc.)

PROOF OF CLAIM INSTRUCTIONS

1. To recover as a Class Member based on your claims in the action entitled *Weiner v. Tivity Health, Inc.*, No. 3:17-cv-01469 (M.D. Tenn.) (the “Action”),¹ you must complete and, on page 3 hereof, sign this Proof of Claim Form. If you fail to timely and completely file a properly addressed (as set forth in paragraph 3 below) Proof of Claim Form, your Claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Action.

2. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action, if it is approved by the Court. Your recovery, if any, will be calculated as described in the Plan of Allocation in the Notice of Pendency of Class Action and Proposed Settlement (“Notice”).

3. **You must complete and sign this Proof of Claim Form and mail it by First Class Mail to the address below, or submit it online at www.TivitySecuritiesLitigation.com, postmarked (or received) on or before September 27, 2021.**

Tivity Securities Litigation
c/o Epiq Class Action & Claims Solutions, Inc.
P.O. Box 3679, Portland, OR 97208-3679
Tel.: 877-202-7202
info@TivitySecuritiesLitigation.com
www.TivitySecuritiesLitigation.com

4. If you are NOT a Class Member (as defined in the Notice), DO NOT submit a Proof of Claim Form.

5. If you are a Class Member and you did not timely and validly request exclusion from the proposed Class (pursuant to the procedures set forth in the Notice), you will still be bound by the terms of the Settlement and proposed Judgment to be entered in the Action, including the releases provided therein, **whether or not you submit a Proof of Claim Form.**

6. This Proof of Claim Form must be submitted by the actual beneficial purchaser(s), or the legal representative of such purchaser(s), of the Tivity common stock upon which these claims are based.

7. Use Part I of this form entitled “Claimant Identification” to identify each beneficial purchaser.

8. All joint purchasers must sign this Proof of Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Proof of Claim Form on behalf of persons represented by them, and their authority must accompany this Claim and their titles or capacities must be stated. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner(s) may be used in verifying the Claim. Failure to provide the foregoing information could delay verification of your Claim or result in rejection of the Claim.

9. Use Part II of this form entitled “Schedule of Holdings and Transactions in Tivity Common Stock” to supply all required details of your transaction(s) in Tivity common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

10. On the schedules, provide all of the requested information with respect to all of your purchases of Tivity common stock which took place during the period between March 6, 2017, and November 6, 2017, both dates inclusive (the “Class Period”), whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your Claim.

11. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

¹ This Proof of Claim Form incorporates by reference the definitions in the Stipulation and Agreement of Settlement dated June 10, 2021 (“Stipulation”), and all capitalized terms used, but not defined herein, shall have the same meanings as in the Stipulation. A copy of the Stipulation can be obtained at www.TivitySecuritiesLitigation.com.

12. You should attach documentation verifying your transactions in Tivity common stock, such as copies of broker confirmations. Failure to provide this documentation could delay verification of your Claim or result in rejection of your Claim.

Reminder Checklist:

1. Sign the Certification section of the Proof of Claim Form on pages 2–3.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Proof of Claim Form and all documents submitted for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim Form, send your Proof of Claim Form by Certified Mail, Return Receipt Requested.
6. If you move, please send the Claims Administrator your new address.

Accurate claims processing can take a significant amount of time. Thank you for your patience.