

IN RE RCI: CLAIM FORM

You may participate in this settlement only if you were a member of the RCI Weeks® Exchange Program at any time between January 1, 2000 and November 20, 2008. To make a claim, either (i) complete this Claim Form online at via a **link at** www.weeksprogramsettlement.com and submit it electronically ***no later than April 6, 2009*** by clicking the “Submit” icon at the end of the online form, or (ii) complete the Claim Form manually and mail it to the address set forth in Section IV below, ***postmarked no later than April 6, 2009***.

Section 1 – Personal Information

1. Name: _____
2. Address: _____ City: _____
State: _____ Zip Code: _____
3. Telephone Number: _____
4. Email Address (if available): _____
5. Resort Name(s): _____
6. Resort Identification Number(s): _____
7. RCI Weeks Exchange Program Identification Number: _____

Section 2 – Claim Options

If you are **not** currently a member of the RCI Weeks Exchange Program, **skip to C** below. If you **are** currently a member of the RCI Weeks Exchange Program, please **read A and B**.

A. Expiring Deposit Recognition for Certain Current Members. If your name is on the list located via a link at www.weeksprogramsettlement.com, you were identified as having initiated a properly submitted exchange request associated with a deposit of Vacation Time between January 1, 2000 and August 31, 2008, having paid RCI to extend the ability to apply the deposit toward an exchange for a minimum of six months, and your ability to apply your deposit to an exchange expired without you confirming an exchange. If you meet these criteria, you are eligible to receive a \$30 credit toward your next Exchange. If your name is on the list, simply check the box, and complete and submit this Claim Form to claim your \$30 credit. **In addition to this \$30 credit, you also may choose a benefit from subsection B below.**

My name is on the list, I believe I meet each of the criterion set forth above, and I would like to receive a \$30 credit toward my next exchange.

B. Claim Options for Current Members. If you are a Settlement Class Member who is currently a Member in good standing, you may select **one -- and only one --** of the following five options by checking the box to the left of the option you wish to select:

Option 1: Request First. I choose to have the opportunity to search Inventory and make an Exchange Request before I actually deposit my Vacation Time, and to continue the process of searching Inventory and making Exchange Requests until the date on which I effectuate an Exchange or two years after the Effective Date, whichever is sooner.

You will not have to pay an Exchange Fee in connection with the use of Request First unless and until an Exchange Confirmation is made. If the Request First search identifies a desired Exchange, you must Deposit the Vacation Time at the time of the Exchange to confirm the Exchange.

If you have a previous, unexpired Deposit, you may not use it in connection with this Request First benefit, which applies only to new Deposits. You will be provided with more information about how to use this benefit, but when you are ready to use it, you will have to provide the following information to RCI: (i) the starting and ending dates, (ii) resort I.D., and (iii) the bedroom size and kitchen size of your Vacation Time to be deposited. The starting date of your Vacation Time must be at least nine months after you initiate such a search and Exchange Request in connection with this Request First benefit.

OR

Option 2: Membership Renewal Credit. I choose **one** of the following Membership Renewal Credit options, depending upon when my current membership expires.

(a) My RCI Weeks Exchange Program membership **expires within two years of the Effective Date**, and I would like a two-month extension of my RCI Weeks Exchange Program membership; **OR**

(b) My RCI Weeks Exchange Program membership **expires more than two years after the Effective Date**, and I would like (please select **one** of the following):

(i) a two-month extension of my RCI Weeks Exchange Program membership; or

(ii) a \$20 credit toward a RCI Weeks Exchange Program membership renewal, which will be added to my current subscription term; or

(iii) a \$20 credit toward my next Exchange.

OR

Option 3: Prorated Refund of Subscription Fees. I want to immediately terminate my membership in the RCI Weeks Exchange Program, and to receive a prorated refund of my Subscription Fee and a full refund of fees I paid for pending Exchange Requests.

OR

Option 4: Free Rental Night. I want one free night stay at any RCI Rental offered as single night stays. This benefit must be used toward the same room of any paid Rental of at least one night. The Rental must be reserved within one year of the Effective Date. The Rental itself may occur at any time subject to availability.

OR

Option 5: Cruise Certificate. I want a \$100 discount certificate per cabin to be applied toward the purchase of any Cruise offered by RCI, with the option of receiving additional \$100 discount certificates (one per cabin) toward my purchase of up to three additional cabins for the same Cruise. You will be required to book any and all such Cruises within one year from the date this option is selected. The Cruises themselves may occur at any time subject to availability.

C. Claim Options for Former Members. If you are **not** currently a Member, but were a member of the RCI Weeks Exchange Program between January 1, 2000 and November 20, 2008, you may select **one** of the following two benefits:

(1) a \$15 payment from RCI; **or**

(2) a \$15 credit toward a new RCI Weeks Exchange Program membership.

Section 3 – Representations, Release, and Consent to Jurisdiction

A. By selecting one of the foregoing benefits and submitting or mailing this Claim Form to RCI, I represent, warrant, and certify that I am a Member or Former Member of the RCI Weeks Exchange Program.

B. This Claim Form will be governed by and construed under the laws of the State of New Jersey. By selecting one of the foregoing benefits and submitting or mailing this Claim Form to RCI, I consent and waive all objections to the non-exclusive personal jurisdiction of, and venue in, the United States District Court for the District of New Jersey for the purposes of all cases and controversies involving this Claim Form, the Settlement Agreement, and/or their enforcement, and I acknowledge that I am bound by the Release contained in the Settlement Agreement.

C. I declare, under penalty of perjury, that all of the information provided in this Claim Form is true, correct, and complete. I understand that filing a false claim constitutes a federal criminal offense under 18 U.S.C. §§ 1621 and 1623.

Section 4 – Submission and Mailing Instructions

A. **If Mailing Claim Form.** To submit this Claim Form by mail, it must be *postmarked no later than April 6, 2009*, and it must be signed and dated below and mailed to the following address:

Rust Consulting, Inc.
P.O. Box 1966
Faribault, MN 55021-6162
USA

Signature: _____

Date: _____

Type or Print Name: _____

B. **If Submitting Claim Form Electronically.** To submit this Claim Form electronically, access the online claim form at www.weeksprogramsettlement.com *no later than by April 6, 2009*.