

Balfour

Thank you for contacting Balfour to initiate the ring loss protection claim on your high school class ring.

To expedite your claim, please submit the following items:

- A completed copy of the Loss/Theft Report form
- A copy of the original ring order form or the label from the ring box sleeve delivered with your ring.
- Replacement fee:
 - For white gold, yellow gold, Balfour Premium Auralite, and Balfour Premium Silver ring the fee is \$90.00 plus \$14.95 for shipping, handling and insurance.
 - For non-gold ring the fee is \$55.00 plus \$14.95 for shipping, handling and insurance.
 - Class of Distinction Diamond year date replacement fee is \$25.00.

NOTE: The Ring Loss Protection PlanSM excludes diamonds, genuine stones, and Championship products.

Specifications for replacement rings must be identical to those of the original ring – including stones, metal, date, school and all other options. Finger size may be adjusted.

Upon receipt of all completed information, you can expect to receive your replacement ring in 8 to 10 weeks. If you have any questions, you may contact us at (512) 440-2460.

Sincerely,

Balfour Ring Loss Protection Department
PO Box 149207
Austin, TX 78714-9207
FAX: 512-440-2248

LOSS/THEFT REPORT

PLEASE RETURN COMPLETED FORM ALONG WITH THE APPROPRIATE DEDUCTIBLE, ADD \$14.95 FOR SHIPPING AND HANDLING FOR ALL RINGS. DEDUCTIBLE MAY BE PAID IN THE FORM OF A CHECK, MONEY ORDER OR WITH CREDIT CARD. IF A CREDIT CARD IS BEING USED THE PAYMENT INFORMATION PORTION AT THE BOTTOM OF THIS FORM MUST BE FILLED OUT. PLEASE ALLOW 8-10 WEEKS FROM THE TIME YOUR FORM IS RECEIVED TO HAVE YOUR RING DELIVERED.

INFORMATION CONCERNING CLAIM

| | | |
|-------------|-----------------------|------------------------|
| NAME | HOME PHONE | WORK PHONE |
| ADDRESS | CITY, STATE, ZIP CODE | |
| SCHOOL NAME | CITY AND STATE | RING ORDER FORM NUMBER |

DETAILS OF LOSS/THEFT

CAUSE OF LOSS

| | | |
|--|--|-------|
| DATE | TIME | PLACE |
| POLICE REPORT FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO | ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO | |

WITNESSES

| | |
|----------------------------------|----------------------------------|
| NAME | NAME |
| ADDRESS | ADDRESS |
| CITY, STATE, ZIP CODE PHONE | CITY, STATE, ZIP CODE PHONE |

THE UNDERSIGNED ACKNOWLEDGES THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

| | |
|--|------|
| SIGNATURE OF CLAIMANT | DATE |
| SIGNATURE OF PARENT OR GUARDIAN (IF CLAIMANT IS UNDER 18 YEARS OF AGE) | DATE |

CLAIMANT: ONCE THIS FORM IS COMPLETELY FILLED OUT, PLEASE RETURN TO THE ADDRESS BELOW

BALFOUR
RING LOSS PROTECTION DEPT.
7211 CIRCLE S RD AUSTIN, TX 78745

PAYMENT INFORMATION

| | |
|---|---------|
| APPROPRIATE DEDUCTIBLE SEE LETTER ENCLOSED | |
| SHIPPING & HANDLING | \$14.95 |
| TOTAL <input type="checkbox"/> ENCLOSED or <input type="checkbox"/> CHARGE | |

CREDIT CARD INFORMATION

| | | | |
|-------------------------------------|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA | <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMERICAN EXPRESS |
| ACCOUNT NUMBER | EXP. DATE | | |
| PRINT CARDHOLDERS NAME | | | |
| CARDHOLDER'S SIGNATURE | | | |
| ADDRESS | CITY | STATE | ZIP |

CARDHOLDER AGREES PAYMENT MAY BE CHARGED BEFORE GOODS ARE DELIVERED