400932119999999991

EXHIBIT 1

Ciampi v. FTD, LLC Settlement

CLAIM FORM

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED BY NOVEMBER 13, 2026 BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

COMPLETED CLAIM FORMS CAN BE SUBMITTED ONLINE, BY EMAIL, OR BY U.S. MAIL.

Return this Claim Form to: Settlement Administrator, P.O. Box 5990, Portland, OR 97228-5990, OR ClaimSubmission@FTDDeliveryFeeSettlement.com, OR visit **FTDDeliveryFeeSettlement.com**.

Questions? Visit **FTDDeliveryFeeSettlement.com** or call **1-877-367-7146**.

Please note that this Claim Form may be researched and verified by the Settlement Administrator.

YOUR CONTACT INFORMATION

Name:

First Name | MI | Last Name

Current Address:

Street Address

City | State | ZIP Code

Email address:

Current Phone Number:

– –

Claim ID:

4009321199999999991

CLAIMANT CERTIFICATION OF PURCHASE

Please check this box if the statement next to it accurately applies to you:

☐ Between January 29, 2021, to January 29, 2025, I made one or more purchases on FTD.com or ProFlowers.com where I paid a delivery, shipping, handling, or service fee.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Please select your preferred settlement award:

☐ $5.00 cash award ☐ $15.00 voucher for use on FTD.com or ProFlowers.com

If you selected the cash award, please select your preferred method of payment:

☐ Check ☐ Electronic Payment

****

Additional information regarding the Settlement can be found at FTDDeliveryFeeSettlement.com.

Signature

Date: ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Print Name

If you have questions, you may call the Settlement Administrator at 1-877-367-7146 or visit www.FTDdeliveryfeesettlement.com