

## **Information Sheet**

Please list your purchase and sale transaction(s) Tivity Health, Inc. (Nasdaq: TVTY) securities between March 8, 2019 and February 19, 2020 (the "Class Period") in the chart below. Please return completed form by fax to 610-667-7056, or by scan/photo to <a href="mailto:info@ktmc.com">info@ktmc.com</a>.

First Name (Required Information)  Address  Telephone Number  Current Employer			Last Name (Required Information)  City, State, Zip  Email (Required Information)  Signature										
							PURCHASES			8	SALES		
							Buy Date	# Shares	Price per Share		Sell Date	# Shares	Price per Share
		od transactions and/o ece of paper if necessa		nsactions in relat	ed securities (	options, bonds, or							
Are you a current or former employee of Tivity Health, Inc.? Yes / No (Circle)			Did you purchase shares of <b>Tivity Health</b> , <b>Inc</b> prior to the Class Period? <b>Yes / No (Circle)</b>										
lead plaintiff motion in this m believes that you might be an establish an attorney client re are also authorizing and requ	atter. Any informat n appropriate lead p lationship. By signi testing us to contac vill prohibit Kessler	ttorney-client relationship, nor ion you submit will be maintai laintiff candidate, Kessler Top ing this form you are authorizi it you by email, phone or by Topaz Meltzer & Check, LL ontact us with any questions.	ned as co oaz Meltz ng us to other me	onfidential. If Kessler Top ver & Check, LLP will c contact you by email, ph ans regarding future cas	paz Meltzer & Check ontact you to discussione or by other mea es. Please note: fail	, LLP, in its sole discretion, s the matter and whether to ns regarding this case. You ing to provide the required							