

CLAIM FORM INSTRUCTIONS

<i>Your claim must be either submitted online or postmarked and mailed by: August 27, 2021</i>	DG Infant Acetaminophen Settlement c/o JND Legal Administration P.O. Box 91394 Seattle, WA 98111 1-833-722-0894 Website: www.DGinfantacetaminophensettlement.com	DG INFANT ACETAMINOPHEN SETTLEMENT
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Instructions for Completing the Claim Form

You are eligible to submit a Claim Form if you purchased, in the United States, DG Health Infants' Acetaminophen from September 15, 2016 through June 8, 2021 (the "Class Period") for personal or household use.

Class Members who timely submit a valid approved claim are entitled to receive Settlement compensation outlined as follows:

- (1) With Proof of Purchase: Class Members who have a proof of purchase for all of their Infants' Acetaminophen during the Class Period will be entitled to a partial refund of \$1.70 for every 1 fl. oz. bottle of Infants' Acetaminophen and 2 fl. oz. bottle of Infants' Acetaminophen for which they have a valid proof of purchase, for each and every bottle without limitation. A valid proof of purchase means a receipt or other documentation, produced by a third-party commercial source that reasonably establishes the fact and date of purchase of Infants' Acetaminophen during the Class Period in the United States.
- (2) Without Proof of Purchase: Class Members who do not have a proof of purchase for all of their Infants' Acetaminophen purchase(s) during the Class Period will be entitled to a partial refund of \$1.70 for every 1 fl. oz. and 2 fl. oz. bottle of Infants' Acetaminophen for a maximum of 3 units (i.e., a total of up to \$5.10 per household). Accordingly, you may not receive reimbursement for any bottle over 3 bottles unless you have and submit a proof of purchase for every bottle, including the bottles over the 3-bottle cap.

Only one (1) Claim Form may be submitted per household, which is all persons residing at the same physical address. On or before **August 27, 2021**, your completed Claim Form must be either submitted online at www.DGinfantacetaminophensettlement.com or postmarked and mailed to:

DG Infant Acetaminophen Settlement
c/o JND Legal Administration
P.O. Box 91394
Seattle, WA 98111

You must complete the entire Claim Form and sign the Claim Form under penalty of perjury. If you are submitting proof of purchase in support of your Claim Form, provide copies of the documentation. Do not submit originals, as they will not be returned to you.

ALL CLAIMS ARE SUBJECT TO VERIFICATION.

PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM FOR YOUR RECORDS.

CLAIM FORM

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SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Claim Administrator of any changes to your contact information after the submission of your Claim Form.

First Name	Last Name

Physical Address (Street Address, Including Apartment or Unit Number)

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City	State	Zip Code

Email Address	Phone Number

Provide your mailing address if different from your physical address:

Mailing Address (P.O. Box, Street Address, Including Apartment or Unit Number)

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City	State	Zip Code

SECTION B: PURCHASE INFORMATION

List in the chart below the approximate purchase date(s) and number of Product(s)* purchased in the United States during the Class Period:

<u>No. of Product(s)</u>	<u>Approx. Purchase Date(s)</u>

- Check this box if you are providing proof of purchase in support of your Claim Form. You may submit a claim for up to 3 units without providing proof of purchase. There is no limit on the number of units you can claim for which you submit proof of purchase. Proof of purchase means a receipt or other documentation, produced by a third-party commercial source that reasonably establishes the fact and date of purchase of Infants’ Acetaminophen during the Class Period in the United States.
- Check this box to verify that each of the above claimed Product(s) were for personal or household use.
- Check this box to verify that only one Claim Form has been submitted per household, which is all persons residing at the same physical address.

SECTION C: CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information provided in this Claim Form, and any attachments, is true and correct to the best of my knowledge, information and belief. I understand the Claim Administrator may contact me to request further verification of the information provided in this Claim Form.

Signed: _____ Date: _____

Full Printed Name: _____

* “Product” or “Products” means the infants’ over-the-counter pain reliever and fever reducer under the “DG™ health” label, DG Health Infants’ Pain & Fever Acetaminophen—DG™ (“DG Health Infants’ Acetaminophen”).

To view JND’s privacy policy, please visit <https://www.jndla.com/privacy-policy>