

MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN **NOVEMBER 8, 2021**

Yamagata v. Reckitt Benckiser LLC

Case No. 3:17-cv-03529-VC

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

Claim Form

For each bottle of Schiff Move Free® Advanced purchased **in the United States** between May 28, 2015 and June 24, 2021, Class Members may receive a Cash Payment of \$22.

To participate in the Settlement, a completed Claim Form must be submitted no later than **November 8, 2021**.

The Cash Payments may be increased or decreased depending on the total collective value of the Claims made by Class Members and other factors specified in the Settlement Agreement.

If you request an award for **up to three (3)** bottles purchased, no Proof of Purchase is necessary.

If you request an award for **more than three (3)** bottles purchased, you must provide Proof of Purchase.

CLAIMANT INFORMATION

FIRST NAME:

MI:

LAST NAME:

Form with grid boxes for first name, middle initial, and last name.

ADDRESS:

Form with grid boxes for address.

CITY:

STATE:

ZIP:

Form with grid boxes for city, state, and zip code.

PHONE:

Form with grid boxes for phone number.

EMAIL (required):

Form with grid boxes for email address.

PURCHASE INFORMATION

Between May 28, 2015 and June 24, 2021 how many Schiff Move Free® Advanced, Schiff Move Free® Advanced Plus MSM, or Schiff Move Free® Advanced Plus MSM & Vitamin D bottles did you purchase **in the United States**?

Form with grid boxes for purchase count.

SUPPORTING DOCUMENTATION

All Claims for more than three (3) bottles purchased must include Proof of Purchase documentation. Proof of Purchase means receipts or other evidence establishing that you purchased Schiff Move Free® Advanced **in the United States** between May 28, 2015 and June 24, 2021. Please include your supporting documentation with this Claim Form.

Please note: No supporting documentation is needed for Claims for up to three bottles purchased.

PAYMENT ELECTION

Please select an option below to indicate if you would like to receive your Cash Payment by check via mail or by digital payment. **If you select digital payment, please ensure you provide a current, valid email address and mobile phone number with your Claim submission.** If the email address or mobile phone number becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. When you receive the email or mobile phone text notifying you of your Cash Payment, you will be provided with digital payment options such as a digital MasterCard, Venmo, Amazon, or eCheck, to immediately receive your Cash Payment. At that time, you will also have the option to request a paper check instead of a digital payment.

Please note: Paper checks will expire ninety (90) days from the date on the check. You will not be reissued a check once the 90-day period expires.

Please indicate your preference below (required):

- I would like to receive a check via mail
- I would like to receive a digital payment

CERTIFICATION

By signing below, I affirm that the information provided on this Claim Form and any supporting materials submitted with it are true.

Signature

Date:

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MM DD YYYY

Printed Name

If submitting your Claim by mail, please return your completed Claim Form, postmarked no later than **November 8, 2021**, to:

Move Free Advanced Settlement Administrator
P.O. Box 5439
Portland, OR 97228-5439

You can also file your Claim online at www.MoveFreeAdvancedSettlement.com.