

IMPORTANT LEGAL MATERIALS
(English and Spanish Version available)

Christine Mendoza, et al., v. United Industries Corporation,
Case No. 21PH-CV00670
Phelps County Circuit Court, Missouri

For use by purchasers of Cutter and Repel brand candles (“Covered Candles”) and Black Flag, Do It Best, Eliminator, Green Thumb, Hot Shot, No Pest, Real-Kill, Rid-A-Bug, Spectracide, and TAT brand total release foggers (“Covered Foggers”) between May 4, 2015 and June 7, 2021.

CLAIM FORM

GENERAL INSTRUCTIONS

Settlement Class Members who seek payment from the settlement must complete and return this Claim Form. Completed Claim Forms must be mailed to the Settlement Administrator at Digital Settlement Group, LLC, P.O. Box 232 Valparaiso, IN 46384 or can be submitted online via the settlement website at www.pestcontrolsettlement.com. **Claim Forms submitted via mail must be POSTMARKED BY September 20, 2021, OR SUBMITTED ONLINE NO LATER THAN 11:59 pm, Central Time.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (the “Notice”) available at www.pestcontrolsettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Released Claims included as a material term of the Settlement Agreement.

If you fail to submit a timely Claim Form, your Claim may be rejected, and you may be precluded from any recovery from the Settlement Fund. If you are a member of the Settlement Class and you do not timely and validly request to Opt-Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. To receive the most current information, receive updates, and to file your Claim please visit the settlement website at www.pestcontrolsettlement.com.

Claimant Information

Claimant Name: _____
First Name Last Name

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

E-mail Address: _____

Please complete *only one* of the Tier options below. Completing more than one Tier option below will invalidate your claim.

For use with Tier 1 Claims (No Proof of Purchase)

Tier 1 Benefit is available for Settlement Class Members who purchased certain Covered Candles and/or Covered Foggers during the Class Period and do not have valid Proof of Purchase. If you check the box below, then you will recover a minimum of \$7.00 and up to \$14.00, subject to a pro rata adjustment.

Attestation

I purchased Covered Products during the Class Period.

1. I purchased the following types of Products:

Covered Candles Yes No _____ [# of units] of Covered Candles
Covered Foggers Yes No _____ [# of units] of Covered Products

For use with Tier 2 Claims (With Proof of Purchase)

Tier 2 Benefit is available for Settlement Class Members who purchased certain Covered Candles and/or Covered Foggers during the Class Period. Selecting Tier 2 requires certain Proof of Purchase documentation, but allows you to recover up to the full purchase price for up to six units, subject to a pro rata adjustment.

Your Tier 2 Claim requires Proof of Purchase documentation of one of the following from you: (1) the receipt; (2) removed UPC code from the package(s); or (3) other similar type of documentation evidencing purchase of the applicable Product during the Class Period in the United States.

Attestation

I purchased _____[# of units] of Covered Product(s) during the Class Period and have attached the Proof of Purchase for each unit.

Purchase Price For Unit 1: _____ Purchase Price For Unit 2: _____ Purchase Price For Unit 3: _____

Purchase Price For Unit 4: _____ Purchase Price For Unit 5: _____ Purchase Price For Unit 6: _____

****Failure to include Proof of Purchase for claims for which a Proof of Purchase is required will result in the reduction of your claims. ***Submission of false or fraudulent information will result in the claim being rejected in its entirety.**

Payment Information

Please select how you would like to receive your payment:

Prepaid MasterCard Email: _____

PayPal Email or Phone Number: _____

Venmo Email or Phone Number: _____

Direct Deposit Routing Number: _____ Account Number: _____

Select one: Checking Savings

Zelle Email or Phone Number: _____

Check

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of Phelps County, Missouri.

Certification under Penalty of Perjury

I hereby certify under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Released Claims;
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
3. The additional information provided to the Settlement Administrator to support my Claim, if any, is an original or a complete and true copy of the original document;
4. I am a member of the Settlement Class and did not request to Opt-Out from the Settlement Class;
5. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee of Defendant; (c) a Person who has filed for exclusion from the Settlement Class; (d) a governmental entity; nor (f) a judicial officer to whom this Action is assigned, or any member of the judge's immediate family;
6. I have not submitted any other Claim for the same purchases and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
7. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
8. I understand that by submitting this Claim Form, I am deemed to have given a complete Release of all Released Claims; and
9. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible Claim Forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

Signature: _____ Dated: ____ / ____ / _____