

IMPORTANT LEGAL MATERIALS

Diana Jill Miloro v. Van's International Foods, Inc. **CLAIM FORM**

GENERAL INSTRUCTIONS

This Claim Form relates to *Diana Jill Miloro, et al. v. Van's International Foods, Inc.*, 15PH-CV00642 in the Circuit Court of Phelps County, Missouri.

To be eligible to share in the Settlement Fund for the Settlement Class in the above-named class action, you must have (1) directly purchased Van's frozen waffles, frozen pancakes, frozen french toast sticks, frozen waffle sticks, frozen english muffins or frozen muffin crowns which contained "Van's Natural Foods" and "Totally Natural", "Naturally Delicious", or "All Natural" on the Labeling; (2) made such purchase during the time period of January 1, 2009 through June 16, 2015; and (3) made such purchase in the U.S.

If you fit this description, you are a member of the Settlement Class and are entitled to submit a claim to share in the Settlement Fund. Excluded from the Settlement Class are (a) all Persons who purchased or acquired the Product for resale (i.e., retailers, distributors, etc.); (b) Van's and its employees, principals, affiliated entities, legal representatives, successors and assigns; (c) any Person who files a valid, timely Request for Exclusion; (d) federal, state, and local governments (including all agencies and subdivisions thereof, but excluding employees thereof) and (e) the judges to whom this Action is assigned and any members of their immediate families.

Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form. Completed Claim Forms must be mailed to the Van's International Settlement Administrator at c/o Heffler Claims Group, P.O. Box 58668, Philadelphia, PA 19102-8668 or can be submitted via the Settlement website, www.milorosettlement.com. **Claim Forms must be POSTMARKED OR SUBMITTED ONLINE NO LATER THAN DECEMBER 16, 2015 at 11:59 pm, eastern time.**

If you do not have valid Proof of Purchase and elect not to provide additional information about your purchases, you may recover up to a maximum of \$4.99 per Household by completing Sections 1 and 4 below. If you do not have valid Proof of Purchase and elect to provide additional information about your purchases, you may recover \$3.33 per unit purchased for up to a maximum of 3 units (\$9.99) by completing Sections 2 and 4 below. If you have a Proof of Purchase, you may recover for up to \$18 in purchases by completing Sections 2, 3 and 4 below, and providing your Proof of Purchase. Proof of Purchase means a receipt, UPC code, picture of opened Product showing UPC code, or other documentation from a third-party commercial source reasonably establishing the fact and date of purchase of the Product during the Class Period in the United States. You can elect to file a Claim under either Tier 1, 2 or 3. You may not fill out a claim for under more than one Tier, and only one claim may be submitted per Household.

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.milorosettlement.com. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Releases included as a material term of the Settlement Agreement, which is available at www.milorosettlement.com. All capitalized terms used herein but defined herein shall have the meaning ascribed to such terms in 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 seek exclusion 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 and regular updates, please submit your Claim Form on the settlement website at www.milorosettlement.com. On the settlement website, you will also be able to submit your web claim.

Section 2 (Tier 2)

If you **do not** have valid Proof of Purchase, you may recover \$3.33 per unit up to a maximum of \$9.99 per Household, which approximates the retail cost of 3 units of Products, by filling out this Section 2 as well as Section 4 below. Please provide the following information about your purchases for which you seek recovery. If additional space is required, please attach additional pages.

Purchase Information

3. Please Identify the store(s) at which you purchased the product:

Aldi's:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Target:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Sam's Club:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Publix:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Whole Foods:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
All of the above:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
None of the above:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other:				

4. Please provide information regarding your purchase of the product (provide copies of receipts if seeking more than 3 units):

Approx. Date Purchased (Month & Year)	Approx. # of Units Purchased	Identify Products Purchased	Location of Purchase (City & State)

5. Please Identify the reason(s) you purchased the Product(s):

Taste:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Price:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Quality:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Ingredients:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
All of the above:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
None of the above:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Section 3
(Tier 3)

If you have a valid Proof of Purchase, you may recover the amount for which a valid Proof of Purchase has been provided, up to a maximum of \$18. In order to recover these amounts, please attach your Proofs of Purchase for the Products and complete Section 2 above and Section 4 below.

Section 4
(Certification)

Certification under Penalty of Perjury

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

I hereby certify under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Releases;
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
3. The selection of the appropriate Tier and information for the benefit in the Tier is true and accurate;
4. The additional information provided to the Settlement Administrator to support my claim is an original or a complete and true copy of the original document;
5. I am a member of the Settlement Class and did not request to be excluded from the Settlement Class;
6. I have not previously entered into a settlement for any of the claims set forth in this Claim Form;
7. I am neither (a) Person who purchased or acquired the Product for resale; (b) Defendant and its employees, principals, affiliated entities, legal representatives, successors and assigns; (c) a government entity; or (d) A judge to whom this Action is assigned or any member of the judge's immediate family;
8. 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; and
9. No other person in my Household has submitted a Claim under this Settlement.

Signature: _____ Dated: ____ / ____ / _____