CLAIM INFORMATION (Please type or print the following information):

3087200000000

GLUCOSAMINE SETTLEMENT CLAIM FORM

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN SEPTEMBER 28, 2016

First Name ΜI Last Name Name of Legal Representative (if applicable) **Mailing Address** Address2 City State Zip4 (optional) Zipcode Daytime Telephone (_____ Evening Telephone (____ ** If you move or your name changes, please send your new contact information to the Claims Administrator via the settlement website or First-Class U.S. Mail, at the address listed below. **CLAIM OF COVERED PRODUCTS PURCHASED** (number) bottles of the products listed in Table 1 during the time periods and in the geographic locations identified in Table 1. (Maximum of 13 bottles per household.) **DISCLOSURE:** The Settlement Administrator and the Parties have the right to audit all claims for completeness, fraud, and abuse. **CERTIFICATION:** I certify that the information I have set forth in the foregoing Claim Form is true, correct, and complete to the best of my knowledge. I am not an officer, director, agent, servant, or employee of Rexall Sundown, Inc. or any related entity thereof; a judge in this lawsuit; or an immediate family member of such persons; and I have not requested exclusion from the Settlement. Date (MM/DD/YYYY) Signature Type/Print Name If the Claimant is not the person completing this form, the following must be provided: Date (MM/DD/YYYY) Name of person signing Capacity of person signing

Upon completion, please mail this form to: Glucosamine Settlement; c/o Claims Administrator; P.O. Box 170; Philadelphia, PA 19105-0170. Or, submit the form electronically at www.GlucosamineSettlement.com.

Failure to provide all the requested information may result in the denial of your Claim and you will receive no cash payment from this Settlement. Pursuant to the terms of the Settlement Agreement, the Settlement Administrator's determination is final and cannot be appealed by anyone.

CLAIM PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.

(Executor, President, Trustee, etc.)

