

CLAIM FORM INSTRUCTIONS

<p style="text-align: center;"><i>Your claim must be either submitted online or postmarked and mailed by:</i> May 22, 2023</p>	<p>Wesson Oil Settlement c/o JND Legal Administration P.O. Box 11050 Seattle, WA 98111-9349 Website: www.WessonOilSettlement.com</p>	<p>WESSON OIL (AGR)</p>
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You are eligible to submit a Claim Form if you resided in any of these eleven States* and purchased Wesson brand cooking oils, including Wesson Vegetable Oil, Wesson Canola Oil, Wesson Corn Oil, and Wesson Best Blend (“Wesson Oil Products”), for your own personal, non-commercial use in that state during the applicable Class Period:

State	Class Period
California	June 28, 2007 through July 1, 2017
Colorado	January 12, 2009 through July 1, 2017
Florida	January 12, 2008 through July 1, 2017
Illinois	January 12, 2007 through July 1, 2017
Indiana	January 12, 2006 through July 1, 2017
Nebraska	January 12, 2008 through July 1, 2017
New York	January 12, 2008 through July 1, 2017
Ohio	January 12, 2010 through July 1, 2017
Oregon	January 12, 2006 through July 1, 2017
South Dakota	January 12, 2006 through July 1, 2017
Texas	January 12, 2010 through July 1, 2017

If you filed a claim in the previous settlement, you do not need to complete this Claim Form.

You may also use this Claim Form if you would like to update your Claim.

If you have not previously filed a claim, you must submit this Claim Form to receive a payment.

All Class Members: Class Members who timely submit a valid Claim Form may receive \$0.15 per unit of Wesson Oil Products purchased during the applicable Class Period. Recovery is limited to one claim per Household, which is defined as all persons residing at the same physical address. If the total value of all valid Claims Forms and amounts identified for direct distribution exceeds or falls short of the funds available for distribution to Class Members (after deducting the portion of Settlement Funds designated for New York and Oregon Class Members), then the amounts of the cash payments will be reduced or increased per claim (or “*pro rata*”), as necessary, to use all of the remaining funds available for distribution to Class Members. Any such *pro rata* adjustment will be calculated prior to distribution of funds (*i.e.*, will be made in a single distribution).

* If you did not reside in any of these eleven States or did not purchase Wesson Oil Products in these states during the applicable Class Period, do not submit this Claim Form. You are not a Class Member and are not affected by this Action or this Settlement.

New York and Oregon Class Members: A portion of the Settlement Fund, specifically \$575,000, will be allocated only to members of the New York and Oregon Classes who submit valid Claim Forms or are identified for direct distribution, in proportion to the number of units purchased. The amount of additional recovery for New York and Oregon Class Members will be adjusted *pro rata* according to the number of valid Claim Forms and direct distributions.

You must sign and complete the entire Claim Form.

Your completed Claim Form must be either submitted online at www.WessonOilSettlement.com or postmarked and mailed to the address below no later than **May 22, 2023**:

Wesson Oil Settlement
c/o JND Legal Administration
P.O. Box 11050
Seattle, WA 98111-9349

ALL CLAIMS ARE SUBJECT TO VERIFICATION.

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

CLAIM FORM

*Your claim must be either
submitted online or
postmarked and mailed by:
May 22, 2023*

Wesson Oil Settlement
c/o JND Legal Administration
P.O. Box 11050
Seattle, WA 98111-9349
Website: www.WessonOilSettlement.com

WESSON OIL (AGR)

SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement 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)

City

State

Zip Code

Email Address

Phone Number

SECTION B: PURCHASE INFORMATION

Check the box below to verify the State[†] where your Household resided and where you purchased Wesson Oil Products for your own personal, non-commercial use during the applicable Class Period:

	State	Class Period
<input type="checkbox"/>	California	June 28, 2007 through July 1, 2017
<input type="checkbox"/>	Colorado	January 12, 2009 through July 1, 2017
<input type="checkbox"/>	Florida	January 12, 2008 through July 1, 2017
<input type="checkbox"/>	Illinois	January 12, 2007 through July 1, 2017
<input type="checkbox"/>	Indiana	January 12, 2006 through July 1, 2017
<input type="checkbox"/>	Nebraska	January 12, 2008 through July 1, 2017

[†] If you did not reside in any of these eleven States during the applicable Class Period, do not submit this Claim Form. You are not a Class Member and are not affected by this Action or this Settlement.

	State	Class Period
<input type="checkbox"/>	New York**	January 12, 2008 through July 1, 2017
<input type="checkbox"/>	Ohio	January 12, 2010 through July 1, 2017
<input type="checkbox"/>	Oregon**	January 12, 2006 through July 1, 2017
<input type="checkbox"/>	South Dakota	January 12, 2006 through July 1, 2017
<input type="checkbox"/>	Texas	January 12, 2010 through July 1, 2017

** Note: Participation in the separate fund for New York or Oregon state consumers requires verification of the city or town in which the purchases were made in either New York or Oregon. If you are a New York or Oregon purchaser, you must complete Section C of this Claim Form.

If your Household address at the time of purchase of Wesson Oil Products during the above applicable Class Period **differs from the address provided above**, provide your Household address at the time of purchase below:

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

City

State

Zip Code

- Check this box to verify that only one Claim Form has been submitted per Household, which is defined as all persons residing at the same physical address.

List in the box below the total number of units of Wesson Oil Products you purchased in the state selected above during the applicable Class Period:

Units

- Check this box to verify that each of the above purchase units were for private, household use, and not purchases for commercial use or catering operations.

SECTION C: PURCHASE INFORMATION FOR NEW YORK AND OREGON PURCHASERS ONLY

If you did not reside in either New York or Oregon and make purchases in those states, skip this section and go to Section D.

- Check this box if you are a New York or Oregon Class Member and provide in the box below the city or town where your purchases were made:

City/Town where purchases were made during the applicable Class Period:	State (NY or OR)

SECTION D: CERTIFICATION

I certify that the information provided in this Claim Form is true and correct to the best of my knowledge, information, and belief. I understand the Settlement Administrator may contact me to request further verification of the information provided in this Claim Form.

Signature: _____ Date: _____

Full Printed Name: _____