

**CLAIM FORM INSTRUCTIONS**

|  |  |                         |
|--|--|-------------------------|
| <i>Your claim must be either submitted online or postmarked and mailed by:</i><br><b>August 22, 2019</b> | Wesson Oil Settlement<br>c/o JND Legal Administration<br>P.O. Box 91249<br>Seattle, WA 98111-9349<br>Website: <a href="http://www.wessonoilsettlement.com">www.wessonoilsettlement.com</a> | <b>WESSON OIL (AGR)</b> |
|--|--|-------------------------|

**Instructions for Completing the Claim Form**

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”), in that state for your own personal, non-commercial use during these time periods:

| <u>State:</u> | <u>Class Period:</u>                  |
|---------------|---------------------------------------|
| 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 |

Class Members who timely submit a Valid Claim Form are entitled to receive settlement compensation of Fifteen Cents (\$0.15) per unit of the Wesson Oil Product purchased during the relevant Class Period, up to a maximum of thirty (30) units per Household without providing proof of purchase receipts. With proof of purchase receipts, there is no limit on the number of units for which Class Members are entitled to receive settlement compensation. Proof of purchase means an itemized retail sales receipt showing, at a minimum, the purchase of the Product, and the date, place and amount of purchase. Household means all persons residing at the same physical address.

Additional Fund for Residents of New York and Oregon: The Settlement includes a \$575,000 fund to be allocated solely among New York and Oregon Class Members — those individuals who resided in New York or Oregon during the class periods and purchased Wesson brand cooking oils in those states during the class periods — who submit Valid Claim Forms. This fund is to compensate New York and Oregon Class Members for the statutory damages provided for in the consumer protections laws of those states which Class Counsel would seek at trial. Participation in the separate fund for New York and Oregon Class Members requires verification of the city or town in which the purchases were made in either New York or Oregon, in Section C of this Claim Form.

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\* If you did not reside in any of these eleven States or did not purchase Wesson brand cooking oils in these states during these time periods, do not submit this Claim Form. You are not a Class Member and are not affected by this Action or this Settlement.

Only one (1) Claim Form may be submitted per Household, which is defined as all persons residing at the same physical address.

On or before August 22, 2019, your completed Claim Form must be either submitted online at [www.wessonoilsettlement.com](http://www.wessonoilsettlement.com) or postmarked and mailed to:

Wesson Oil Settlement  
c/o JND Legal Administration  
P.O. Box 91249  
Seattle, WA 98111-9349

**You must complete the entire Claim Form and sign the Claim Form under penalty of perjury. If you are submitting purchase receipts in support of your Claim Form, provide copies of those receipts. Do not submit original receipts, as they will not be returned to you.**

**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:  
**August 22, 2019***

Wesson Oil Settlement  
c/o JND Legal Administration  
P.O. Box 91249  
Seattle, WA 98111-9349  
Website: [www.wessonoilsettlement.com](http://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<sup>†</sup> where your Household resided and where you purchased Wesson Oil Products for your own personal, non-commercial use during the applicable Class Period:

|                          | <b><u>State:</u></b> | <b><u>Class Period:</u></b>           |
|--------------------------|----------------------|---------------------------------------|
| <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 |

<sup>†</sup> If you did not reside in any of these eleven States during these time periods, do not submit this Claim Form. You are not a Class Member and are not affected by this Action or this Settlement.

|                          | <b><u>State:</u></b> | <b><u>Class Period:</u></b>           |
|--------------------------|----------------------|---------------------------------------|
| <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 Product 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.
- Check this box if you are providing proof of purchase receipts in support of your Claim Form. You may submit a claim for up to 30 units without providing proof of purchase. There is no limit on the number of units you can claim for which you submit proof of purchase. Proof of purchase means itemized retail sales receipts showing, at a minimum, the name of the product, and the date, place, and amount of purchase.

**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 to verify state residence and provide in the box below the city or town where your purchases were made:

| <b><u>City or Town where purchases were made during the applicable Class Period:</u></b> | <b><u>State (NY or OR)</u></b> |
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**SECTION D: CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information provided in this Claim Form, and any attachments, 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Printed Name: \_\_\_\_\_