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IMPORTANT LEGAL MATERIALS

Garrett Wacker, et al. v. Mead Johnson & Company, LLC

Case No. 22PH-CV00808

Phelps County Circuit Court, Missouri

For use by purchasers of Enfamil Product(s) between January 1, 2017, and June 23, 2022

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 Wacker v Mead Johnson & Company, LLC c/o Kroll Settlement Administration LLC, P.O. Box 225391 New York, NY 10150-5391 or can be submitted online via the Settlement Website, www.mjcservingsettlement.com. **Claim Forms submitted via mail must be POSTMARKED BY October 31, 2022 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.mjcservingsettlement.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 Release(s) 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. You can elect one Benefit per Household. To receive the most current information, receive updates, and to file your Claim please visit the Settlement Website at www.mjcservingsettlement.com.

Claimant Information

Claimant Name: _____
First Name MI Last Name

Street Address: _____

Street Address2: _____

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.



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Page 1 of 2



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

Tier 1 Benefit is available for Settlement Class Members who purchased certain Enfamil Product(s) 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 \$3.00 and up to \$15.00, subject to a pro rata adjustment, per Household.

Attestation

I purchased one or more Enfamil Products (listed on Exhibit C) during the Class Period (from January 1, 2017 through June 23, 2022).

I purchased _____ [# of units] of _____ [insert name of Enfamil Product(s)]; and the price per unit was \$ _____.

I purchased the Products at the following store(s): _____

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

Tier 2 Benefit is available for Settlement Class Members who purchased certain Enfamil Product(s) during the Class Period. Selecting Tier 2 requires certain proof of purchase documentation, but allows you to recover a minimum of \$3.00 and up to \$45.00, subject to a pro rata adjustment, per Household.

Your Tier 2 claim requires Proof of Purchase documentation of one of the following from you: (1) a receipt; (2) removed UPC code; or (3) documentation from a third-party commercial source reasonably establishing the fact and date of purchase of the applicable Product during the Class Period in the United States.

Attestation

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

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 Release(s);
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 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 have not entered into a Settlement for any of the Claims set forth in this Claim Form;
6. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee, principal, legal representative, successor, or an assign of Defendant or its affiliated entities; (c) a person who has filed for an exclusion (Opt-out) from the Settlement Class; (d) counsel for the Parties; (e) a governmental entity; nor (f) a judicial officer or courtroom staff to whom this Action is assigned, or any member of the judge's immediate family;
7. 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;
8. No other Person in my Household has submitted a Claim under this Settlement;
9. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
10. I understand that by submitting this Claim Form, I am deemed to have given a complete Release of all settled claims; and
11. 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: _____ Date _____



57258



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Page 2 of 2

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