

## CLAIM FORM

To make a claim under the Settlement, you must complete this form and submit it online, at [www.ANIClassSettlement.com](http://www.ANIClassSettlement.com), or mail it to the Settlement Administrator at the address at the bottom of this form. Your Claim Form must be submitted online, or mailed to the Settlement Administrator, by **April 27, 2020**. Any claims postmarked or electronically submitted after **April 27, 2020** will be ineligible for a payment. The information you provide in the Claim Form will not be disclosed to anyone other than the Settlement Administrator, the Court, and the Parties in this case, and it will be used only for purposes of administering this Settlement (such as to review a claim for completeness, truth, and accuracy).

You can submit a Claim Form if you purchased Atkins Nutritionals products containing more than 10 grams of maltitol (specifically, Atkins Nutritionals' Chocolate Covered Candies, Chocolate Peanut Candies, Milk Chocolate Caramel Squares, Peanut Butter Cups, or Chocolate Caramel Mousse bars, collectively, the "More Than 10 Grams of Maltitol Products") during the Purchase Period, which is defined as either: (1) January 1, 2013 to April 27, 2020, if you purchased the products in New York, California or Missouri; or (2) January 1, 2014 to April 27, 2020, if you purchased the products in any other U.S. states or territories.

**Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form.** Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Settlement Notice available at [www.ANIClassSettlement.com](http://www.ANIClassSettlement.com). Completed Claim Forms can be submitted via the Settlement Website, [www.ANIClassSettlement.com](http://www.ANIClassSettlement.com), or mailed to the Settlement Administrator at:

*Smith, et al. v. Atkins Nutritionals, Inc.*  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606

**Claim Forms must be SUBMITTED ONLINE, OR MAILED TO THE SETTLEMENT ADMINISTRATOR, POSTMARKED OR SUBMITTED NO LATER THAN APRIL 27, 2020.**

If you fail to timely submit a Claim Form, you may be precluded from any monetary recovery from the Settlement Fund. If you are a member of the Settlement Class and you do not timely and validly seek 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, as explained in the Settlement Notice.

**Instructions for completing this form.** Please fill out the information requested below. If the information you provide is incomplete, your claim may be rejected. You must fill out all of the portions of the Claim Form applicable to all of the purchases for which you seek a Cash Award, as addressed below.

- A. **If you do not have Proof of Purchase\*** for one or more of your purchases of the More Than 10 Grams of Maltitol Products, then complete **Section A** for those purchases.
- B. **If you have Proof of Purchase\*** for one or more of your purchases of the More Than 10 Grams of Maltitol Products, then complete **Section B** for those purchases. You may complete both **Sections A and B** if you have Proof of Purchase for some, but not all, of the products that you purchased.

\*Proof of Purchase means originals, copies, or images of receipts, product packaging, or other documentation from a commercial source reasonably establishing your purchase during the applicable Purchase Period.

## CLAIMANT INFORMATION

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Email Address: \_\_\_\_\_

**Mark the box stating your preferred method of payment:**

Payment via a Settlement Check - *If selecting this option, please double-check that the address information above is correct and current.*

Direct Deposit - *If selecting this option, please double-check that the email address provided above is correct and current. The Claims Administer will further contact you using your e-mail address to set up any Direct Deposit.*

## SECTION A

### Complete If You Have One or More Purchases *Without* Proof of Purchase

1. Please check the box for each of the **More than 10 Grams of Maltitol Products** that you purchased during the Purchase Period, and write the total number of boxes of each product that you purchased for which you are **not** submitting Proof of Purchase.

**Chocolate Covered Candies**

Number of 5-pack (5 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Chocolate Peanut Candies**

Number of 5-pack (6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

Number of 12-pack +1 unit (15.6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Milk Chocolate Caramel Squares**

Number of 5-pack (6.1 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Peanut Butter Cups**

Number of 5-pack (6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

Number of 12-pack +1 (15.6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Chocolate Caramel Mousse Bars**

Number of 5-pack (6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

2.  Check this box to confirm that the purchases you identified in response to Question A.1 were either:

- made by you in New York, California or Missouri on or after January 1, 2013; and/or
- made by you in the United States on or after January 1, 2014.

**SECTION B**

**Complete If You Have One or More Purchases *With* Proof of Purchase**

1. Please check the box for each of the **More than 10 Grams of Maltitol Products** that you purchased during the Purchase Period, and identify the total number of boxes of each product that you purchased for which you are submitting Proof of Purchase.

**Chocolate Covered Candies**

Number of 5-pack (5 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Chocolate Peanut Candies**

Number of 5-pack (6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

Number of 12-pack +1 (15.6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Milk Chocolate Caramel Squares**

Number of 5-pack (6.1 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Peanut Butter Cups**

Number of 5-pack (6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

Number of 12-pack +1 (15.6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Chocolate Caramel Mousse Bars**

Number of 5-pack (6 oz) boxes purchased during the Purchase Period: \_\_\_\_\_

**Click [\[here\]](#) to upload your Proof(s) of Purchase.**

\*Proof of Purchase means originals, copies, or images of receipts, product packaging, or other documentation from a commercial source reasonably establishing your purchase during the applicable Purchase Period.

**If you are mailing your Claim Form, be sure to enclose your Proof(s) of Purchase.**

2.  Check this box to confirm that the purchases you identified in response to Question B.1 were either:

- made by you in New York, California or Missouri on or after January 1, 2013; and/or
- made by you in the United States on or after January 1, 2014.

**ATTESTATION**

*By submitting this Claim Form and signing below, I hereby affirm under penalty of perjury that I am at least 18 years of age and that the information provided above, and in any attached, enclosed, or uploaded Proof of Purchase, is true and correct.*

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Your claim will be submitted to the Settlement Administrator for review. If you are eligible for a Cash Award, and the proposed settlement is approved, you will be provided payment in the manner you requested above. This process takes time; please be patient.

**Reminder Checklist:**

1. Please complete all the information requested above and sign the Claim Form.
2. Enclose, or upload, your Proof(s) of Purchase, if you have any, along with the Claim Form.
3. Keep a copy of your Claim Form and supporting documentation for your records.

**SUBMIT THIS CLAIM FORM ELECTRONICALLY  
AT WWW.ANICLASSETTLEMENT.COM**

**OR MAIL TO:**

*Smith, et al. v. Atkins Nutritionals, Inc.*  
**c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606**

**TO BE ELIGIBLE FOR PAYMENT CLAIM FORMS MUST BE ELECTRONICALLY SUBMITTED  
OR MAILED (POSTMARKED) NO LATER THAN:**

**APRIL 27, 2020**

**If you have questions, visit www.ANIClassSettlement.com or call (888) 531-0208.**