

Luib v. Henkel Consumer Goods Inc. Claim Form Instructions

INSTRUCTIONS FOR COMPLETING THE CLAIM FORM

This Claim Form is solely for persons and entities who purchased Purex Natural Elements laundry detergent products in the United States or its territories from **May 19, 2013** to **March 8, 2019** (“Settlement Class Members”). The Settlement is described at the Settlement Website: LaundryDetergentSettlement.com.

If you believe you are an eligible Settlement Class Member and you wish to apply to receive benefits under the Settlement, you must complete and submit a Claim Form. Please read the full Class Notice carefully before completing a Claim Form. The Class Notice is available at the Settlement Website: LaundryDetergentSettlement.com. You may submit your Claim Form online at the Settlement Website or by printing the Claim Form below and mailing it to the Settlement Administrator.

ONLINE: Visit the Settlement Website, LaundryDetergentSettlement.com, and submit your claim online.

MAIL: P.O. Box 3240
Portland, OR 97208-3240

If you submit your Claim Form online, you must do so on or before **August 10, 2019**. If you are mailing your Claim Form by first-class United States Mail, it must be postmarked no later than **August 10, 2019**.

If you have questions about the Claim Form, please visit the Settlement Website, LaundryDetergentSettlement.com, or contact the Settlement Administrator via email at info@LaundryDetergentSettlement.com or toll-free at 877-291-9488.

CLAIM FORM REMINDER CHECKLIST

Before submitting this Claim Form, please make sure you:

1. Complete all fields in Section A (Name and Contact Information) of this Claim Form.
2. In Section B of this Claim Form, list all of the Purex Natural Elements laundry detergent products you purchased in the United States or its territories, and provide the information you can regarding date and location of purchase.
3. In order to receive a benefit under the Settlement, **YOU MUST** sign the Attestation under Penalty of Perjury in Section C of this Claim Form attesting under penalty of perjury that you purchased the Purex Natural Elements laundry detergent product(s) for which you are submitting your Claim Form.
4. If you are submitting Proof of Purchase documentation in support of your Claim Form, include copies of your Proof of Purchase documentation. Do not send original documents.

Please keep a copy of your Claim Form for your records.

Your claim must be
postmarked by:
August 10, 2019

**Luib v. Henkel Consumer Goods Inc.
Claim Form**

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

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Last Name

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Street Address

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City

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State

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ZIP Code

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Phone Number

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Email Address

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SECTION B: PUREX NATURAL ELEMENTS PRODUCT PURCHASE VERIFICATION

You can submit a Claim Form if you purchased any variety or size of Purex laundry detergent products that bear the phrase “Natural Elements” on the label in the United States or its territories in the time period **May 19, 2013**, to **March 8, 2019** (“Class Period”).

For each of these listed Products that you purchased during the Class Period, fill out the form below. Indicate which purchases for which you are attaching Proof of Purchase documentation. Proof of Purchase means receipts or other evidence establishing that you purchased a specific quantity of Products at a specific price, on a specific date, from a specific location, during the Class Period.

There is no limit to the number of claims you can submit for Products for which you provide valid Proof of Purchase documentation. You can submit a maximum of 10 claims for Products for which you do not have Proof of Purchase. You can submit one (1) Claim Form per household.

Purex Natural Elements Product	# Products Purchased
<input type="text"/>	<input type="text"/>
Container Size (oz)	Approx. Date of Purchase MM-YYYY
<input type="text"/>	<input type="text"/> - <input type="text"/>
Retail Location Where Product Was Purchased	State or Territory of Purchase
<input type="text"/>	<input type="text"/>
	Proof of Purchase Attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Purex Natural Elements Product	# Products Purchased
<input type="text"/>	<input type="text"/>
Container Size (oz)	Approx. Date of Purchase MM-YYYY
<input type="text"/>	<input type="text"/> - <input type="text"/>
Retail Location Where Product Was Purchased	State or Territory of Purchase
<input type="text"/>	<input type="text"/>
	Proof of Purchase Attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Purex Natural Elements Product	# Products Purchased
<input type="text"/>	<input type="text"/>
Container Size (oz)	Approx. Date of Purchase MM-YYYY
<input type="text"/>	<input type="text"/> - <input type="text"/>
Retail Location Where Product Was Purchased	State or Territory of Purchase
<input type="text"/>	<input type="text"/>
	Proof of Purchase Attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Purex Natural Elements Product	# Products Purchased
<input type="text"/>	<input type="text"/>
Container Size (oz)	Approx. Date of Purchase MM-YYYY
<input type="text"/>	<input type="text"/> - <input type="text"/>
Retail Location Where Product Was Purchased	State or Territory of Purchase
<input type="text"/>	<input type="text"/>
	Proof of Purchase Attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE AND CHECK THIS BOX:

SECTION C: ATTESTATION UNDER PENALTY OF PERJURY

I declare, under penalty of perjury, that the information in the Claim Form is true and correct to the best of my knowledge, and that I purchased the Product(s) claimed above in the United States, while residing in the United States, during the Class Period. I understand that my Claim Form may be subject to audit, verification, and Court review. Neither I nor any other member of my household has previously submitted a Claim Form in this Settlement.

Signature

Date:

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MM DD YY

Print Name

Please note that you will not be eligible to receive any Settlement benefits unless you sign above.