



IMPORTANT LEGAL MATERIALS

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 Watson v. E.T. Browne, c/o Kroll Settlement Administration, PO Box 225391 New York, NY 10150-5391, or can be submitted via the Settlement Website, www.stretchmarklitigation.com. Claim Forms must be POSTMARKED by JUNE 13, 2022 OR SUBMITTED ONLINE NO LATER THAN MONDAY JUNE 13, 2022 at 11:59 P.M CENRAL TIME.

If you would like to receive any of the payment options below please visit www.stretchmarklitigation.com to submit a claim online. All paper claims will receive checks mailed to the address below.

Payment Options

Payment options section featuring logos for Mastercard, PayPal, Venmo, Direct Deposit, and Zelle, each with a description and a corresponding orange button to use the option.

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.stretchmarklitigation.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Notice. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release 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 seek exclusion 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 and regular updates, please submit your Claim Form on the Settlement Website at www.stretchmarklitigation.com. On the Settlement Website, you will also be able to submit your web Claim.



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**Claimant Information**

Claimant Name: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone Number

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_ @ \_\_\_\_\_  
E-mail Address

Class Member ID: 5 2 6 7 0 \_\_\_\_\_



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Page 2 of 4



**For use with Tier 1 Claims**

Tier 1 Benefit is available for Class Members who purchased Palmer’s Products labeled “for Stretch Marks” or “helps reduce the appearance of stretch marks” during the Class Period and do not have a valid Proof of Purchase. You may receive up to a maximum of \$3.00 per Unit, up to 2 units or \$6.00 maximum per Household, or less depending on a number of factors including how many Valid Claims are submitted.

**Purchase Information**

1. Please identify the Palmer’s Product(s) you purchased:

- Tummy Butter for Stretch Marks     Massage Lotion for Stretch Marks
- Massage Cream for Stretch Marks     Other: \_\_\_\_\_

2. How many Units did you purchase?:

- One                                     Two or more

3. Please provide the following information (up to a maximum of two units):

Store Location (City, State)	Approximate Purchase Dates	Number of Units Purchased

**For use with Tier 2 Claims**

Tier 2 Benefit is available for Class Members who purchased Palmer’s Products labeled “for Stretch Marks” or “helps reduce the appearance of stretch marks” during the Class Period and have a valid Proof of Purchase. You may receive reimbursement for the full purchase price shown on the proof of purchase up to maximum of 5 Units per Household, or less depending on a number of factors including how many Valid Claims are submitted.

**Purchase Information**

1. Please identify the Palmer’s Product(s) you purchased:

- Tummy Butter for Stretch Marks     Massage Lotion for Stretch Marks
- Massage Cream for Stretch Marks     Other: \_\_\_\_\_

2. How many Units did you purchase?:

- One                                     Two                                     Three
- Four                                     Five

3. Please attach Proof(s) of Purchase.





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**Certification under Penalty of Perjury**

By signing below, you are submitting to the jurisdiction of the Circuit Court of DuPage County, Illinois.

**I hereby certify under penalty of perjury that:**

1. I have read the Settlement Agreement and agree to its terms, including the Release;
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
3. The proof of purchase 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 be excluded 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) Defendant and its employees, principals, affiliated entities, legal representatives, successors and assigns; (c) a government entity; or (d) a judge 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. Invalid or illegible Claims Forms can be rejected.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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Page 4 of 4