

**Your claim must be submitted online or delivered by:
November 23, 2021**

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

BIEGEL, ET AL. V. BLUE DIAMOND GROWERS, CASE NO. 7:20-CV-03032

www.AlmondBreezeSettlement.com

CLAIM FORM

BDG

CLAIM FORM INSTRUCTIONS

1. You may submit your Claim Form online at www.AlmondBreezeSettlement.com or by U.S. Mail to the following address: *Blue Diamond Growers* Settlement, c/o Claims Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. Please make sure to include the completed and signed Claim Form and all supporting materials in one envelope.
2. You must complete the entire Claim Form. Please type or write your responses legibly.
3. Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.
4. If your Claim Form is incomplete or missing information, the Claims Administrator may contact you for additional information. If you do not respond, the Claims Administrator will be unable to process your claim, and you will waive your right to receive money under the Settlement.
5. If you have any questions, please contact the Claims Administrator by email at Questions@AlmondBreezeSettlement.com or by mail at the address listed above.
6. Each Household is limited to and may only submit a single Claim Form.
7. **You must notify the Claims Administrator if your address changes. If you do not, you may not receive your payment.**
8. **DEADLINE -- Your claim must be submitted online by November 23, 2021. Claim Forms submitted by mail must be delivered to the Claims Administrator no later than November 23, 2021.**

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

II. PURCHASE INFORMATION OR DOCUMENTATION

Please select one of the following options. If you do not have proof of purchase, complete the chart on the next page.

I am enclosing proof of purchase in the form of a printed point of purchase receipt from a third-party retail source that reasonably establishes the fact and date of the purchase of the Product during the Class Period in the United States. You may receive \$1.00 for each Product purchased, up to a maximum of 20 Products.

Please provide the number of Products purchased during the Class Period for which you are providing proof of purchase:

Number of Products

I do not have proof of my Product purchase. Provide the Product names(s), approximate price(s), approximate date(s) of purchase, store name(s) and store location(s) in the chart on the next page. You will receive \$0.50 for each Product purchased, up to a maximum of 10 Products.

The claimed purchases must be direct retail purchases made by you and the purchases were not made for purposes of resale or commercial use.

1 Payment Amounts will be reduced on a pro rata basis (equally proportioned) if the total amount of money claimed with proof of purchase is more than \$1,250,000.

2 Payment amounts will be reduced on a pro rata basis (equally proportioned) if the total amount of money claimed without proof of purchase is more than \$750,000.

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	Product Name	Approximate Date of Purchase (MM/DD/YY)	Approximate Price	Name of Retail Store Product was Purchased	Store Location
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

III. PAYMENT SELECTION

Please select **one** of the following payment options:

- PayPal** - Enter your PayPal email address: _____
- Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____
- Physical Check** - Payment will be mailed to the address provided above.

IV. VERIFICATION AND ATTESTATION UNDER PENALTY OF PERJURY

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form, including supporting documentation is true and correct, and that nobody from my household has submitted another claim in connection with this Settlement.

Your signature

Date: _____
MM DD YYYY

Your name