

MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN 75 DAYS AFTER FINAL APPROVAL ORDER	<h2 style="margin: 0;"><u>CLAIM FORM</u></h2>	<h2 style="margin: 0;">UNFI</h2>
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- This is a very simple process. To submit a claim for settlement payment related to the “Fuel Charges”, “Fuel Surcharges”, or any substantively similar fees or charges (collectively, the “Fees”) you paid to United Natural Foods, Inc., its parent companies, operating subsidiaries, operating companies, divisions and all affiliated or related entities, (collectively, “United Natural Foods, Inc.”), you must provide the information below and sign where indicated. Failure to provide this information and sign this Claim Form may result in denial of your claim(s).
- If you do not want to rely upon the information United Natural Foods, Inc. has in its computer system, you may—but are not required to—submit the invoices you have from United Natural Foods, Inc. which the Settlement Administrator will use to create as complete a record as possible. See the Notice of Settlement for more detail.

1. Please provide the full name of your business as it appears on your contract or invoices with United Natural Foods, Inc. (if your business underwent any name changes within the last six (6) years, please include all prior business names):

Business Name, including Prior Business Names

Street Address

City

State

Zip Code

2. Please provide the principal address for your business (where you received deliveries):

Delivery Address – Business Name

Street Address

City

State

Zip Code

3. Please provide the billing address for your business (your check will be mailed here. If your business is no longer in existence, please provide the address where you would like the check mailed):

First Name

Last Name

Business Name (Optional)

Street Address

City

State

Zip Code

4. Please provide your business phone number(s):

Phone Number

Alternative Phone Number (Optional)

5. Please list the United Natural Foods, Inc. operating company or affiliate(s) from whom you purchased products and/or received invoices, if available (this information would appear at the top and/or bottom of the invoice):

Seller (UNFI Company Name)

6. Please list your United Natural Foods, Inc. Customer Number, if available (this would appear on the top of the invoices):

UNFI Customer Number

7. Please provide the approximate time period (month and year) during which you purchased products – and received invoices – from United Natural Foods, Inc. (for example, “September 2013 through March 2015”):

Start Month Start Year

Through

End Month End Year

8. Please check this box if you are submitting invoices or other supporting documents with this Claim Form and attach all the supporting documents to your submission.

CLASS MEMBER AFFIRMATION: By submitting this Claim Form and checking the box below, I declare that I am a member of the Settlement Class and that the statement below is true (the box must be checked to receive payment)

By signing below I am affirming that, to the best of my knowledge, I am or was a United Natural Foods, Inc. customer, that I paid an invoice with one of the Fees to United Natural Foods, Inc., the information stated on this Form is otherwise true and correct, and I am authorized to submit this claim.

SIGNATURE: _____	TITLE: _____
PRINTED NAME: _____	DATED: ____ / ____ / _____