

PROOF OF CLAIM AND INSTRUCTIONS

Your claim must be submitted online, via email, or mailed and postmarked within 45 days after the Court issues Final Approval	RB Settlement Administrator 1650 Arch Street, Suite 2210 Philadelphia, PA 19103 Website: www.RBSettlement.com	BRN
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Williams, et al. v. Reckitt Benckiser LLC, et al., No. 1:20-cv-23564

(Pending in the United States District Court for the Southern District of Florida)

Please read all of the following instructions carefully before filling out your Claim Form.

1. You have three options to make a claim:
 - a. You may print out, complete, and mail your Claim Form and proof of purchase, if any, to the Settlement Administrator at the address above.
 - b. You may print out, complete, and submit this form by email to [**info@RBSettlement.com**](mailto:info@RBSettlement.com). When using this option, you may attach proof of purchase to the extent you have such proof.
 - c. You may use an online Claim Form by going to [**www.RBSettlement.com**](http://www.RBSettlement.com). When using this option, you may upload proof of purchase to the extent you have such proof.
2. Complete Part A (“Claimant Information”) by filling in the requested information. Only one Claim Form per household will be honored. Household means all Persons who share a single physical address.
3. Complete Part B by providing the number of purchases of each kind of Neuriva Product you purchased between January 1, 2019 and April 23, 2021. For example, if you purchased one bottle of **Neuriva® Original** of any size during the Class Period (January 1, 2019 through April 23, 2021), you would fill in the number “1” on the line that corresponds with **Neuriva® Original, all sizes**. You must then check a box to indicate if you have proof of purchase or not. Each qualifying purchase will receive a payment as defined in the Settlement Agreement, subject to the following limit: (1) Those with proof(s) of purchase deemed valid by the Settlement Administrator and who **submit it with the Claim Form** may obtain a payment up to thirty-two dollars and fifty cents (\$32.50) and may make up to two (2) Claims for a maximum of \$65.00 per Class Member, limited to one Class Member per Household, but in no circumstances shall Reckitt pay an amount that exceeds the actual amount reflected in the proof of purchase; and (2) those with no proof of purchase may obtain payment of five dollars (\$5.00) per Claim and may make up to four (4) Claims for a maximum of \$20.00 per Class Member, limited to one Class Member per household.
4. Proof of purchase means receipts, copies of receipts, or other legitimate proof showing payment to either a retailer or Reckitt Benckiser for any of the Neuriva Product that was not used as proof for any other claim.
5. The claimed purchases must be direct retail purchases and not made for purposes of resale, commercial use, or any other purpose.
6. Sign the CLAIM FORM. For those filing online, there will be an e-signature requirement.
7. Once your Claim Form is received, the Settlement Administrator will review the Claim Form for compliance and fraud prevention. Keep a copy of your completed Claim Form for your records. If your Claim is rejected for any reason, the Settlement Administrator will notify you by U.S. mail or e-mail of the rejection and the reasons for such rejection; you will be allotted 30 days from receipt of a denial to cure any deficiency, and the Settlement Administrator will determine and notify you of whether the deficiency has been cured.

PART A – CLAIMANT INFORMATION

FIRST NAME

LAST NAME

EMAIL ADDRESS

PHONE NUMBER

STREET ADDRESS (MAILING ADDRESS)

CITY

STATE

ZIP

PART B – LIMITED REIMBURSEMENT FOR QUALIFYING HOUSEHOLDS

You may make a claim for the following Neuriva® Products:

1. Neuriva® Original, all sizes 2. Neuriva® Plus, all sizes 3. Neuriva® De-Stress, all sizes

PLEASE FILL OUT THIS CHART STATING YOUR PURCHASES

Type of Product Purchased	Number of Each Type of Product Purchased	Approximate Date of Purchase(s)	Name of Store and City or Website of Product Purchased	Approximate Price(s) of Purchase(s)
Neuriva® Original any size				
Neuriva® Plus any size				
Neuriva® De-Stress any size				

CHECK AND COMPLETE ONLY ONE OF THE FOLLOWING:

I HAVE PROOF OF PURCHASE (i.e., sales receipt(s) or invoice(s)) showing that I purchased Neuriva between January 1, 2019 and April 23, 2021. I understand that a qualifying Class Member who submits a valid claim form and valid proof of purchase for all qualifying purchases is entitled to receive payment in the amounts above for each purchase **up to \$65.00 per Class Member**, limited to one Class Member per household. **YOU MUST ATTACH THE PROOF OF PURCHASE WITH YOUR CLAIM FORM.**

OR

I DO NOT HAVE ANY PROOF OF PURCHASE (i.e., a sales receipt or invoice) showing that I purchased Neuriva between January 1, 2019 and April 23, 2021. I understand that a qualifying Class Member who submits a valid claim form without proof of purchase is entitled to receive payment in the amounts above for each purchase **up to \$20.00 per Class Member**, limited to one Class Member perhousehold.

I swear and affirm under the penalty of perjury that the above is true to the best of my knowledge.

Signature of Claimant

Print Name

Date