

CLAIM FORM

This claim form must be submitted to the Settlement Administrator no later than the Claim Deadline, which is 11:59pm on August 1, 2021.

You can submit this Claim Form in one of two ways:

1. You may submit this Claim Form online by pressing “SUBMIT” at the bottom of this page.

OR

2. You may submit this Claim Form by printing and mailing it to the Settlement Administrator at: Soap Settlement Administrator, 5-112 Elizabeth Street, Suite #289, Toronto ON, M5G 1P5

The Claim Form must be received or postmarked by the Claim Deadline.

Every section of this Claim Form must be complete, legible and accurate. If it is not, then you may not receive a benefit under the Agreement.

By submitting this Claim Form, you verify that all of the following statements are true:

- ✓ I am a resident of Canada.
- ✓ I purchased Dial Complete antibacterial soap formulated with triclosan and/or using the “Kills 99.99% Germs” advertising claim (“Dial Complete”) in Canada on or before January 29, 2021.
- ✓ I understand that only one member of my household is permitted to submit a claim form under the Agreement.
- ✓ I have not opted out of the Settlement.

SECTION I – YOUR IDENTITY AND CONTACT INFORMATION

Contact information of claimant.

Please note that you must provide a legible and accurate email address. All Settlement Payments to Eligible Claimants will be delivered via PayPal using the email address provided in this Claim Form. If you do not have a PayPal account, you will be prompted to open an account using the email address provided in this Claim Form.

First Name

Middle Initial(s)

Last Name

Address, including apartment, unit or box number

City

Province

Postal Code

Phone number

Email

SECTION II – DECLARATION OF PURCHASE(S)

In the box provided here, please declare the number of bottles of Dial Complete that you have purchased **up to a maximum of 30 bottles**. If you have purchased more than 30 bottles, then simply write “30” in the box provided:

SECTION III – SIGNATURE

By submitting this Claim Form, you hereby submit to the jurisdiction of the Superior Court of Quebec for the purpose of this claim.

By signing this Claim Form, you confirm that the information provided herein is true and accurate, to the best of your knowledge.

Name

Signature

Date of Signature