

**Your claim must  
be submitted  
online or  
postmarked by:  
JULY 28, 2019**

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

**DiFrancesco et al. v. Utz Quality Foods, Inc.  
Settlement Claim Form**

**UTZ®  
Instructions**

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: Utz Settlement, Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103, or you can submit an online Claim Form via the Settlement Website, [www.UtzSettlement.com](http://www.UtzSettlement.com). **Claim Forms must be POSTMARKED OR SUBMITTED ONLINE NO LATER THAN JULY 28, 2019 or they will be rejected.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Class Notice (the "Notice") and the Settlement Agreement available at [www.UtzSettlement.com](http://www.UtzSettlement.com). Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Notice and Settlement Agreement. 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 will be rejected and you will 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 even if you do not submit a Claim Form. For additional information, please visit the settlement website at [www.UtzSettlement.com](http://www.UtzSettlement.com). On the settlement website, you will also be able to submit an online claim.

The Settlement Administrator has the right to request verification of the purchase of Eligible Products, including, but not limited to, documentation demonstrating purchase of any or all of the Eligible Products purchased during the Class Period. If a Class Member does not timely comply with and/or is unable to timely produce documentation to substantiate and/or verify the information on the Claim Form, the Claim shall be disqualified.

Print clearly and legibly. Limit 1 Claim Form per Person, and Limit 1 Claim Form per Household. All claims are limited to a maximum of 10 Eligible Products per Claim Form.

If you submit your Claim Form and need to make a correction, please contact the Settlement Administrator and request the correction be made.

**Claim Form Reminder Checklist**

**Before Submitting this Claim Form, please make sure you:**

1. Complete all fields in Section A of this Claim Form.
2. Complete all fields in Section B of this Claim Form.
3. YOU MUST sign the certification under penalty of perjury in Section C of this Claim Form.
4. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

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**SECTION A. CLASS MEMBER INFORMATION**

Claimant Name:

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SECTION B. PURCHASE INFORMATION**

What is the total number of the Eligible Products that you purchased at any time from December 30, 2010 to March 30, 2019? Eligible Products include those identified in [www.UtzSettlement.com](http://www.UtzSettlement.com).

I purchased (*please check appropriate box*):

- |   |  |
|---|--|
| <input type="checkbox"/> 1 item of the Eligible Products  | <input type="checkbox"/> 6 items of the Eligible Products          |
| <input type="checkbox"/> 2 items of the Eligible Products | <input type="checkbox"/> 7 items of the Eligible Products          |
| <input type="checkbox"/> 3 items of the Eligible Products | <input type="checkbox"/> 8 items of the Eligible Products          |
| <input type="checkbox"/> 4 items of the Eligible Products | <input type="checkbox"/> 9 items of the Eligible Products          |
| <input type="checkbox"/> 5 items of the Eligible Products | <input type="checkbox"/> 10 items or more of the Eligible Products |

**SECTION C. SIGN AND DATE YOUR CLAIM FORM**

I declare under penalty of perjury that the information in this claim form is true and correct to the best of my knowledge and that I purchased the amount of Eligible Product(s) claimed above during the Class Period. I understand that my claim form may be subject to audit, verification, and Court review.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_