

**Claim Forms must be
submitted online or
postmarked by:
February 9, 2024**

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

CATALANO V. LYONS MAGNUS LLC

CASE NO. 7:22-CV-06867

LML-CL

CLAIM FORM

CLAIM FORM INSTRUCTIONS

1. You may submit your Claim Form online at www.specialtydrinksettlement.com or by U.S. Mail to the following address: *Lyons Magnus 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 info@specialtydrinksettlement.com or by mail at the address listed above.
6. **You must notify the Claims Administrator if your address changes. If you do not, you may not receive your payment.**
7. **DEADLINE -- Your claim must be submitted online by February 9, 2024. Claim Forms submitted by mail must be mailed to the Claims Administrator postmarked no later than February 9, 2024.**

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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

☐ **Check this box if you are enclosing proof of purchase¹ of a Covered Product².**

Provide the number of Covered Products for which you are providing proof of purchase:	
Provide the total dollar amount, including taxes, for the Covered Products for which you are provided proof of purchase:	

☐ **Check this box if you do not have proof of purchase of a Covered Product.**

If you do not have proof of purchase of a Covered Product, you may claim up to two (2) Covered Products per household by completing the information in the chart below:

Name of the Covered Product Purchased	Approximate Purchase Date (MM/YYYY)

¹ Proof of Purchase means an itemized retail sales receipt or other document showing, at a minimum, ***the purchase of a Covered Product, the purchase price, and the date and place of the purchase.***

² The complete list of Covered Products included in this Settlement is available at www.specialtydrinksettlement.com.

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- ☐ Check this box if you have previously received a refund of a Covered Product(s) directly from Lyons or from an online retailer.

Total Dollar Amount of Refund(s)	
Please provide total dollar amount of Refund(s):	

Please Note: a previously received refund does not prevent you from participating in this Settlement.

III. PAYMENT SELECTION

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

- ☐ **Prepaid Mastercard** – Enter the email address where you will receive the Prepaid Mastercard:

- ☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

- ☐ **Zelle** - Enter the email address or mobile number associated with your Zelle account:

- ☐ **Physical Check** - Payment will be mailed to the address provided above.

IV. SIGNATURE 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 that all the information provided in this Claim Form, including supporting documentation, is true and correct;
- That nobody has submitted another claim in connection with this Settlement on my behalf;
- The Covered Products I identified in Section II were not purchased for resale; and
- Unless previously received Lyons retail or online refund was received and noted above, neither myself, nor any member of my household has previously received a refund of the claimed purchases, unless that refund was the result of a claim submitted pursuant to the notice provided in the recall.

Your signature

Date: ____
MM DD YYYY