

**Your claim must
be submitted
electronically or
postmarked by:
January 12, 2023**

***Delcid et al. v. TCP HOT Acquisition LLC & Idelle Labs,
Ltd.***

BRT

Class Action Settlement Claim Form

To make a claim under the Settlement, you must complete this form and mail it to the address at the bottom of this form or submit it online at www.SureandBrutSettlement.com.

Your claim form must be submitted electronically or postmarked by January 12, 2023. The information will not be disclosed to anyone other than the Court, the Claim Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement (such as to audit and review a claim for completeness, truth, and accuracy).

You can submit a claim for a cash payment under this Settlement if you are a natural person (not a business or entity) and, between November 15, 2015 and October 28, 2022, you purchased, in the United States, any Covered Product for personal, family or household use. The Covered Products are:

- Brut Classic Antiperspirant Aerosol (4 oz) (UPC 00827755070085);
- Brut Classic Antiperspirant Aerosol (6 oz) (UPC 000827755070108);
- Brut Classic Deodorant Aerosol (10 oz.) (UPC 00827755070047);
- Sure Regular Antiperspirant Aerosol (6.0 oz) (UPC 00883484002025);
- Sure Unscented Antiperspirant Aerosol (6.0 oz) (UPC 00883484002278).

In order to determine purchase price, you may upload Proof of Purchase. If you do not provide Proof of Purchase, the purchase price of the Covered Product(s) will be determined by the average retail price for up to five (5) Covered Products claimed per household plus a 10% allowance for sales tax.

Class Members who received a refund through Defendants' voluntary recall of the Covered Products should also submit a claim form as they may be entitled to additional recovery from the settlement. For those class members who received a refund through Defendants' voluntary recall of the Covered Products, the amount of money they receive in the Settlement will be reduced by the amount refunded through the voluntary recall.

"Proof of Purchase" means an itemized retail sales receipt or retail store club or loyalty card record showing, at a minimum, the purchase of a Covered Products, the purchase price, and the date and place of the purchase.

Payments will be issued only if the Court approves the Settlement and the Effective Date of the Settlement occurs.

Please save a copy of this completed form and your Proof of Purchase (if applicable) for your records. **For further information, visit www.SureandBrutSettlement.com.**

I. YOUR CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claim 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

I made the following purchases of Covered Brut or Sure antiperspirant or deodorant Products in the United States between November 15, 2015 and October 28, 2022. These purchases were not for purpose of resale.

Approximate Month & Year of Purchase	Number Purchased
Total:	

Attach or upload Proof of Purchase and additional sheets if necessary.

III. PAYMENT SELECTION

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

☐ **PayPal** - Enter your PayPal email address: _____

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

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

Mobile Number: ____ - ____ - ____ or Email Address: _____

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

IV. VERIFICATION AND ATTESTATION UNDER OATH

I certify under penalty of perjury under the laws of the United States that all of the foregoing is true and correct.

Signed: _____ Date: _____

If submitting by mail, mail your completed Claim Form, WITH YOUR PROOF OF PURCHASE, IF ANY, to: Sure and Brut Claims Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.