

**Your claim must  
be submitted  
online or  
postmarked by:  
April 27, 2017**

**Vincent et al. v. People Against Dirty, PBC, and  
Method Products, PBC  
Settlement Claim Form**

**MPP-WEB  
Instructions**

IMPORTANT LEGAL MATERIALS

**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 MPP Class Action Settlement Administrator, 1801 Market Street, Suite 660, Philadelphia, PA 19103, or can be submitted via the Settlement website, [www.MPPSettlement.com](http://www.MPPSettlement.com). **Claim Forms must be POSTMARKED OR SUBMITTED ONLINE NO LATER THAN APRIL 27, 2017 at 11:59 pm, eastern time 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 Notice of Proposed Class Action Settlement (the "Notice") and the Settlement Agreement available at [www.MPPSettlement.com](http://www.MPPSettlement.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. To receive the most current information and regular updates, please visit the settlement website at [www.MPPSettlement.com](http://www.MPPSettlement.com). On the settlement website, you will also be able to submit your web claim.

SECTION A: Claimant Information

SECTION B: For Each Product you may choose to fill out sections B1 or B2 (but not both), and you may also choose to fill out section C. However, you may not include the same purchases in more than one section.

SECTION B1: Include in Section B1 of this Claim Form the type(s), number of Products purchased and approximate dates of purchase. You may claim up to four Products in this section without proof of purchase. *If you claim products in this section you may not claim products in Section B2.* You may also claim additional Products in Section C (with proof of purchase) but you may not include the same purchases in more than one section.

SECTION B2: Include in Section B2 of this Claims Form the type(s), number of Products purchased, location, approximate dates of purchase, fragrance, satisfaction with the Product, and reason for purchasing the product. You may claim up to eight Products total under this Section without proof of purchase. *If you claim products in this section you may not claim products in Section B1.* You may also claim additional Products in Section C (with proof of purchase) but you may not include the same purchases in more than one section.

SECTION C: Include in Section C of this Claim Form purchases of Products you made during the Class Period, along with documentation reasonably demonstrating proof of purchase. Proof of purchase means a receipt or other documentation reasonably establishing the fact of purchase, such as a loyalty/membership card print-out, or picture of UPC code for each purchased product during the Settlement Class Period in the United States.

SECTION D: Certification Under Penalty of Perjury.

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

1. Complete all fields in Section A of this Claims Form.
2. Complete Sections B and C to report the products you purchased. You may choose Section B1 or B2, but not both. Do not include the same purchases in more than one section.
3. YOU MUST sign the certification under penalty of perjury in Section D of this Claim Form.



**Section B2**

The actual benefit you will receive will depend upon, among other things, how many Settlement Class Members submit a timely and complete claim form. You may receive \$1.00 per unit, or more or less depending upon how many claims are actually submitted up to eight units. You may complete Section B1 or B2 but not both. You may also complete Section C, but do not include the same purchases in more than one section.

1. Please provide information regarding your purchase of the product:

Approx. Date Purchased (Month & Year)	Retailer	Identify Which Product You Purchased	Fragrance	Satisfaction (1 -5, 5 being extremely satisfied)

2. Please identify the reason(s) you purchased the product (check all that apply):

- Fragrance:            YES       NO
- Price:                YES       NO
- Quality:              YES       NO
- Ingredients:        YES       NO
- Bottle Design:     YES       NO
- Other:                YES       NO

**SECTION C. Proof of Purchase**

Complete this entire Claim Form and attach proof of purchase for the Products. You may receive \$1.00 per unit, or more or less depending upon how many claims are actually submitted, without limitation. Proof of purchase means a receipt or other documentation reasonably establishing proof of purchase for the Products purchased during the Settlement Class Period in the United States. You may complete Section B1 or B2, but do not include the same purchases in more than one section.

- 1. Total number of Products purchased during the Class Period for which I am attaching documentation:
- 2. Total number of proof of purchase documents attached to this form:

**SECTION D. Certification Under Penalty of Perjury and Submission to Jurisdiction**

By signing below, you are submitting to the jurisdiction of the U.S. District Court for the Southern District of New York.

I hereby certify under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Release;
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
3. The additional information provided to the Settlement Administrator to support my claim is an original or a complete and true copy of the original document;
4. I am a member of the Settlement Class and did not request to be excluded from the Settlement Class;
5. I have not entered into a settlement for any of the claims set forth in this Claim Form;
6. I am neither (a) a Person who purchased or acquired the Product for resale; (b) Defendant and its employees, principals, affiliated entities, legal representatives, successors and assigns; (c) a government entity; or (d) a judge to whom this Action is assigned or any member of the judge's immediate family;
7. I have not submitted any other claim for the same purchases and have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf; and
8. No other person in my Household has submitted a Claim under this Settlement.
9. I understand that by submitting this claim form, I am deemed to have given a complete release of all settled claims.
10. I understand that claims will be audited for veracity, accuracy and fraud and that invalid or illegible claims forms can be rejected.

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

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