



6 2 7 5 5 0 0 0 0 0 0 0

IMPORTANT LEGAL MATERIALS

Nicholas Cahill v. Nestle USA, Inc.
Case No. 22PH-CV01205
Phelps County Circuit Court, Missouri

For use by purchasers of certain Coffee mate® Powder Creamer Product(s) between January 1, 2017, and December 8, 2022.

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 Nicholas Cahill v. Nestle USA, Inc., c/o Kroll Settlement Administration, P.O. Box 225391, New York, NY 10150-5391, or can be submitted online via the Settlement Website, www.creamerservingssettlement.com. **Claim Forms submitted via mail must be POSTMARKED BY MARCH 14, 2023, OR SUBMITTED ONLINE NO LATER THAN 11:59 pm, Central Time.**

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”) available at www.creamerservingssettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

If you fail to submit a timely Claim Form, your Claim may be rejected, and you may 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 request to exclude yourself (Opt-Out) from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. You can elect only one Benefit per Household. To receive the most current information, receive updates, and to file your Claim, please visit the Settlement Website at www.creamerservingssettlement.com.

Claimant Information

Claimant Name: _____
First Name MI Last Name

Street Address: _____

Street Address2: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____

E-mail Address: _____ @ _____

Please complete only one of the Tier options below. Completing more than one Tier option below will invalidate your claim.



62755



CF



Page 1 of 3



6 2 7 5 5 0 0 0 0 0 0 0

For use with Tier 1 Claims (No Proof of Purchase)

Tier 1 Benefit is available for Settlement Class Members who purchased certain Nestle USA, Inc. Powder Coffee Creamer Product(s) during the Class Period and do not have valid Proof of Purchase. If you check the box below, then you will recover a minimum of \$0.50 and up to \$5.00, subject to a pro rata adjustment, per Household.

Attestation

I purchased one or more Products during the Class Period (from January 1, 2017 through December 8, 2022) in the United States.

Provide the following information for the products you purchased:

Number of Units Purchased	Name of Product Purchased	Price Per Unit Purchased	Store Name of Purchase

For use with Tier 2 Claims (With Proof of Purchase)

Tier 2 Benefit is available for Settlement Class Members who purchased certain Nestle USA, Inc. Powder Coffee Creamer Product(s) during the Class Period. Selecting Tier 2 requires certain proof of purchase documentation, but allows you to recover up to 30% of the price paid per Unit up to \$40.00, subject to a pro rata adjustment, per Household.

Your Tier 2 claim requires Proof of Purchase documentation of one of the following from you, for each claimed purchase: (1) a receipt; (2) removed UPC code; or (3) documentation from a third-party commercial source reasonably establishing the fact and date of purchase of the applicable Product(s) during the Class Period in the United States.

Attestation

I purchased one or more Products during the Class Period (from January 1, 2017, through December 8, 2022) in the United States and have attached the Proof of Purchase for each unit.

Provide the following information for the products you purchased:

Number of Units Purchased	Name of Product Purchased	Price Per Unit Purchased	Store Name of Purchase



62755



CF



Page 2 of 3



6 2 7 5 5 0 0 0 0 0 0 0

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of the Phelps County Circuit Court, Missouri.

Certification under Penalty of Perjury

I hereby certify under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Release(s);
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 (if a Tier 2 Claim) is an original or a complete and true copy of the original document(s);
4. I am a member of the Settlement Class and did not request to Opt-Out 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 do not fall within one of the following class exclusions: (a) Persons who purchased or acquired any Products for resale; (b) the Released Parties; (c) all Persons who file a timely and valid Opt-Out; (d) Plaintiff’s Counsel, their employees and counsel, as well as the household members of Plaintiff’s employees and counsel; (e) Defendant’s Counsel, their employees and counsel, as well as the household members of Defendant’s employees and counsel; (f) federal, state, and local governments, political subdivisions or agencies of federal, state and local governments; and (g) the judicial officers, courtroom staff, and members of their households overseeing the Action;
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;
8. No other Person in my Household has submitted a Claim under this Settlement;
9. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
10. I understand that by submitting this Claim Form, I am deemed to have given a complete Release of all settled claims; and
11. I understand that Claims will be audited for veracity, accuracy, and fraud. Illegible Claim forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

Signature: _____ Date _____ / _____ / _____
mm/dd/yyyy



627550000000



62755



CF



Page 3 of 3

LATEST