

CLAIM FORM

*Must be received
online or
postmarked if
mailed no later than
February 4, 2018*

Aveeno Active Naturals Settlement
c/o Settlement Administrator
1801 Market Street, Suite 660
Philadelphia, PA 19103
Toll-Free: 1-855-650-6921
Website: www.AveenoActiveNaturalsSettlement.com

This is a two-page
Claim Form.

All Sections of the
Claim Form must be
completed.

You can also file a claim online at: www.AveenoActiveNaturalsSettlement.com

Section I - Class Member Information

Claimant First Name:

Claimant Last Name:

Street Address:

City:

State:

Zip Code:

Email:

Preferred Phone Number

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Section II – Covered Products Included in this Settlement

Covered Products that may be included on a valid Claim Form means the Aveeno Active Naturals Products that were labeled “Active Naturals” and sold in the United States, the District of Columbia, and all U.S. territories, including Puerto Rico, Guam, and the U.S. Virgin Islands, purchased during the Class Period of May 7, 2007 to June 13, 2017. For a full list of Covered Products, please visit the Settlement Website: www.AveenoActiveNaturalsSettlement.com.

Section III – Purchase and Product Information

A Settlement Class Member is eligible to obtain \$2.50 for each purchase of a Covered Product for up to 20 Covered Products purchased during the Class Period (up to \$50 per person) without proof of purchase, and unlimited Products purchased during the Class Period with proof of purchase. However, the actual amount paid to individual claimants will depend upon the number of valid claims made.

	Covered Product(s) Purchased <i>(fill in all the apply)</i>	Approximate Date of Purchase (Month/Year)	Location of Purchase (Store, City & State)			Number Purchased**
EX:	Skin Relief Hand Cream	07/08	Target	Nashville	TN	1
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

** If you are claiming you purchased over 20 Covered Products, please attach receipts or proof of purchase (for the purchases in excess of 20) from a third-party or scan and attach. Please indicate the number of Covered Products you are attaching proof of purchase for in excess of 20:

Section IV – Required Affirmation

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 Covered Products claimed above during the Class Period for personal or household use and not for resale, and that the purchase(s) occurred in the United States, including the District of Columbia and all U.S. territories, including Puerto Rico, Guam, and the Virgin Islands. I understand that my Claim Form may be subject to audit, verification, and review.

SIGNATURE: _____ DATE: _____

All Claim Forms must be postmarked if mailed or electronically submitted online by February 4, 2018 to:

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