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Kimberly-Clark Class Action Settlement

In Re: Kurtz v. Kimberly-Clark Corp., et al.1:14-cv-01142-PKC-RML (E.D.N.Y) and Honigman v. Kimberly-Clark Corp., 2:15-cv-02910-PKC-RML (E.D.N.Y.)
United States District Court for the Eastern District of New York

For use by purchasers of flushable wipes and any other pre-moistened wipes sold under the brand names Cottonelle, Scott, Huggies, Pull-ups, Poise, and Kotex (the "Product"). within the following dates: between February 21, 2008, and May 19, 2022.

MAILED CLAIM FORM AND INSTRUCTIONS

Claim Forms must be completed and submitted by U.S. mail, received, not just postmarked no later than August 16, 2022 to the following:

**Kurtz/Honigman v. Kimberly-Clark
c/o Kroll Settlement Administration
PO Box 5324
NY 10150-5324**

**Alternatively, you can complete and submit the online claim form at www.flushablewipessettlement.com.
Electronic Claim Forms must be submitted online by 11:59 p.m. Eastern Time on August 16, 2022.**

NOTE: If you wish to receive payment electronically, you must complete the Claim Form online at www.flushablewipessettlement.com.

All information will be kept private and will not be disclosed to anyone other than the Court, the Claims Administrator, and the Parties in this case, and their counsel, and will be used only for purposes of administering this Settlement.

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.flushablewipessettlement.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 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. To receive the most current information, receive updates, and to file your Claim please visit the Settlement Website at www.flushablewipessettlement.com.

<p>YOUR CLAIM FORM MUST BE SUBMITTED AND RECEIVED ON OR BEFORE AUGUST 16, 2022</p>	<p>Kurtz/Honigman v. Kimberly-Clark c/o Kroll Settlement Administration</p> <p>P.O. Box 5234</p> <p>New York, NY 10150-5234</p>	<p>FOR OFFICE USE ONLY</p>
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SECTION 1: CLAIMANT INFORMATION

_____ M.I _____
First Name Last Name

Street Address

_____ State _____
City Zip Code

_____ @ _____
Email Address

(_____) _____ - _____
Phone Number

*Phone numbers are requested solely for purposes of claim verification, or to resolve questions about submitted Claim Forms, and will not be shared with third parties.

SECTION 2: CLAIM AND POTENTIAL CASH BENEFIT

You have two options for filing your claim. If you **do not** have **Proof of Purchase**, you may choose **Option A**. If you **have** **Proof of Purchase**, you may choose **Option B**.

Note: Please complete only ONE of the two options below. Completing more than one option below will invalidate your Claim.

Option A: For use with No Proof-of-Purchase Claims

You can claim up to ten (10) packages with no proof of purchase. If your claim is validated and the Court approves the Settlement, you will receive a refund payment limited to \$7.00 per Household or seventy cents (\$0.70) for each package you purchased between February 21, 2008, and May 19, 2022.

Purchase Information

I purchased: (Insert total number) _____ packages between February 21, 2008, and May 19, 2022. Please list the retailer(s) and in which state(s) you purchased the Product:

- 1. Number of packages: _____ Store Name: _____ State: _____
- 2. Number of packages: _____ Store Name: _____ State: _____
- 3. Number of packages: _____ Store Name: _____ State: _____
- 4. Number of packages: _____ Store Name: _____ State: _____

Note: You may attach additional sheets if needed.

Option B: For use with Proof-of-Purchase Claims

You can claim up to forty-six (46) packages with proof of purchase. If your claim is validated and the Court approves the Settlement, you will receive a refund up to \$50.60 per Household or one dollar and ten cents (\$1.10) for each package purchased between February 21, 2008, and May 19, 2022. **Proof of Purchase must be attached and submitted with this Claim. Acceptable forms of documentation are itemized receipts.**

Purchase Information

I purchased: (Insert total number) [] packages between February 21, 2008, and May 19, 2022. Please list the retailer(s) and in which state(s) you purchased the Product:

- 1. Number of packages: _____ Store Name: _____ State: _____
- 2. Number of packages: _____ Store Name: _____ State: _____
- 3. Number of packages: _____ Store Name: _____ State: _____
- 4. Number of packages: _____ Store Name: _____ State: _____

Note: You may attach additional sheets if needed.

Reminder: Proof of Purchase must be attached and submitted with this Claim. Acceptable forms of documentation are itemized receipts.

SECTION 3: SIGN AND DATE THE AFFIRMATION BELOW

These purchases were not made for purpose of resale to others. I certify under penalty of perjury under the laws of the United States that all of the foregoing is true and correct.

Signature

____ / ____ / ____
Date (mm/dd/yyyy)

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