

## ***Koller v. Deoleo USA, Inc. Class Action Settlement***

<b>CLAIM FORM</b>		
<i>Your completed Claim Form must be received No later than September 28, 2018.</i>	Koller v. Deoleo Settlement Claim Administrator 1801 Market Street, Suite 660 Philadelphia, PA 19103 Website: <a href="http://www.oliveoilsettlement.com">www.oliveoilsettlement.com</a>	This is a two-page Claim Form.  All Sections of the Claim Form must be completed.

To make a claim under the Settlement, you must complete this form and mail it to the address at the bottom of this form. Alternatively, you can complete and submit a claim form online at [www.oliveoilsettlement.com](http://www.oliveoilsettlement.com). The claim form is due by September 28, 2018, which means it must be **received** by the Claim Administrator (not just postmarked) by that date. 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).

To submit a claim, your purchase cannot have been for purpose of resale. You must have purchased your product in the United States on or after May 23, 2010. Your purchase must have occurred prior to April 16, 2018, if you purchased a Bertolli Extra Virgin Olive Oil Product, and prior to December 31, 2015, if you purchased a Bertolli Classico or Extra Light Olive Oil Product. The amount you will receive depends on which products you purchased at what time, as well as on the number of other claims filed in the settlement.

**You can make claim for up to five Products purchased, unless you submit Proof of Purchase. There is no limit on the number of Products that can be claimed for which you provide Proof of Purchase.** Proof of Purchase means an itemized retail sales receipt showing, at a minimum, the purchase of an eligible Product, and the date, place and amount of purchase. All claims from the same household shall be treated as a single claim.

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 for your records. **For further information, visit [www.oliveoilsettlement.com](http://www.oliveoilsettlement.com).**

### **CLAIMANT INFORMATION**

**First Name:**

**Last Name:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Email Address (optional\*)**

\*Please note that email is the only way to receive written notice if the settlement is terminated, or if your claim is denied with the reason(s) for the denial. It is also the only way to receive further notice of your rights to opt out of the litigation if you made your purchase in California and the settlement does not become effective. Providing your email address also will help the Claim Administrator contact you, including if your settlement payment is mailed and returned as undeliverable.

**PAYMENT ELECTION**

I wish to receive my payment by (Select only one):

- Check made out to me as an individual at the address above.
- PayPal\*                      Email Address: \_\_\_\_\_
- Direct Deposit\*\*              Email Address: \_\_\_\_\_

\* If you select PayPal, you must provide the email address associated with your PayPal account.

\*\*If you select Direct Deposit, you will be contacted at the email address provided above prior to the distribution of payments to provide your banking information via a secure site to initiate your payment. You must provide your email address so the Claim Administrator can contact you.

**PURCHASE INFORMATION**

I made the following purchases. These purchases were not for purpose of resale.

	<b>Bertolli Product</b> (Classico, Light, Extra Virgin)	<b>Approximate Month &amp; Year of Purchase</b>	<b>Place of Purchase</b>	<b>Number of Bottles Purchased</b>
<b>EX:</b>	<b>Classico</b>	<b>06/2010</b>	<b>[Store Name]</b>	<b>1</b>
1.				
2.				
3.				
4.				
*5.				
			<b>Total Bottles Purchased</b>	

\*Attach additional sheets if necessary.

**CERTIFICATION**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail your completed Claim Form, WITH YOUR PROOF OF PURCHASE, IF ANY, to:

Koller v. Deoleo Settlement  
 Claim Administrator  
 1801 Market Street, Suite 660  
 Philadelphia, PA 19103

**Claim Forms must be RECEIVED BY THE CLAIM ADMINISTRATOR (not just postmarked) by September 28, 2018.**