

CLAIM FORM INSTRUCTIONS

<p><i>Your claim must be submitted online or mailed and postmarked by:</i></p> <p><i>April 12, 2019</i></p>	<p>Soap Settlement Administrator 1650 Arch Street, Suite 2210 Philadelphia, PA 19103 Website: www.soapsettlement.com</p>	<p>SOAP</p>
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Instructions for Completing the Claim Form

You are eligible to submit a Claim Form if you purchased, in the United States, Dial Complete Liquid Hand Soap formulated with the active ingredient triclosan and/or using the Kills 99.99% of Germs* (*encountered in household settings) advertising claim (the “Dial Complete Product”) between January 1, 2001 and January 2, 2019.

Settlement Class Members who timely submit a valid approved claim are entitled to receive settlement compensation of Twenty-Seven Cents (\$0.27) per package of the Dial Complete Product purchased during the Class Period. Settlement Class Members are capped at thirty (30) packages per Class Member, except that Settlement Class Members who provide actual purchase receipts for additional purchases to the satisfaction of the Claims Administrator may receive Twenty-Seven Cents (\$0.27) per package as settlement compensation for all packages purchased.

In the event that the total payment for all valid approved claims exceeds the Net Settlement Fund, payments to settlement class members shall be reduced on a *pro rata* basis. Proof of Purchase means an itemized retail sales receipt showing, at a minimum, the purchase of the Product, and the date, place and amount of purchase. Submit only one (1) Claim Form per person.

Your completed Claim Form must be submitted online at www.soapsettlement.com on or before April 12, 2019 or postmarked no later than April 12, 2019 and mailed to:

Soap Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

You must complete the entire Claim Form and provide any copies of actual purchase receipts in support of your Claim Form. Do not submit original receipts, they will not be returned to you.

ALL CLAIMS ARE SUBJECT TO VERIFICATION

PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM FOR YOUR RECORDS.

CLAIM FORM

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April 12, 2019

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SOAP

SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Notice & Claims Administrator of any changes to your contact information after the submission of your Claim Form.

First Name

Last Name

Street Address (Mailing Address)

City

State

Zip Code

Email Address

Phone Number

SECTION B: PURCHASE INFORMATION

List the total number of packages of the Dial Complete Product you purchased in the United States during the Class Period:

Check this box if you are providing actual purchase receipts in support of your Claim Form.

SECTION C: CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 that the information provided in this Claim Form is true and correct to the best of my knowledge, information and belief. I understand the Settlement Notice & Claims Administrator may contact me to request further verification of the information provided in this Claim Form.

Signed: _____ Date: _____