



Class Member ID: 3103600000000

**MUST BE
RECEIVED
NO LATER THAN
MARCH 19, 2019**

IMPORTANT LEGAL MATERIALS

CLAIM FORM

For Office Use
Only

General Instructions

To make a claim under the Settlement, you must complete this form and submit it online or mail it to the address at the bottom of this form. Your Claim Form must be addressed to and mailed to, and received by, the Settlement Administrator by 11:59pm on March 19, 2019. The information will not be disclosed to anyone other than the Court, the Settlement 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).

You can submit a Claim for a Benefit Check under this Settlement if you purchased any Canada Dry Ginger Ale Products in the United States (*Excluding California), between January 1, 2013, and December 19, 2018, which contained the terms “Made from Real Ginger” on the labels, including those listed in the Petition. As noted above, with respect to all Persons who, between December 28, 2012, and June 26, 2018, purchased any Canada Dry Ginger Ale Products in the state of California, they are not bound by the Settlement or eligible to file a Claim.

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 George v. Keurig Dr Pepper Inc., c/o Settlement Administrator, P.O. Box 58097, Philadelphia, PA 19102-8097 or can be submitted via the **Settlement Website, www.CDGAsettlement.com**. **Claim Forms must be MAILED TO, AND RECEIVED BY, THE SETTLEMENT ADMINISTRATOR or SUBMITTED ONLINE NO LATER THAN MARCH 19, 2019 at 11:59 p.m., Pacific Time.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Settlement Notice (“the 49-State Settlement Notice”) available at www.CDGAsettlement.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 49-State Settlement Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

If you fail to timely submit a Claim Form, 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 seek 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. You can elect one Benefit per Household. To receive the most current information and regular updates, please visit the Settlement Website at www.CDGAsettlement.com.



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Claimant Information

Claimant Name: _____
First Name *M.I.* *Last Name*

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____ - _____
(4 zip optional)

Daytime Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

Email Address: _____ @ _____ . _____

Did you purchase Canada Dry Ginger Ale Products solely in the state of California between December 28, 2012, and the present?

Yes No

For use with Tier 1 and Tier 2 Claims

Tier 1 Benefit is available for Settlement Class Members who purchased Canada Dry Products during the Class Period and do not have a valid Proof of Purchase. You may receive a Benefit of \$0.40 per Unit purchased, up to 13 Units, for a **maximum** of \$5.20 per Household. You may receive a **minimum** payment of \$2 per eligible Household. Settlement Class Members, however, could receive less than \$0.40 per Unit or the \$2 minimum payment, depending on a number of factors, including how many Valid Claims are actually submitted.



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Purchase Information

1. Please identify the Canada Dry Product(s) you purchased.

Canada Dry Ginger Ale – Regular	Canada Dry Ginger Ale – Blackberry
Canada Dry Ginger Ale – Diet	Canada Dry Ginger Ale – Ten
Canada Dry Ginger Ale – Cranberry	Canada Dry Ginger Ale and Lemonade
Canada Dry Ginger Ale – Diet Cranberry	Canada Dry Ginger Ale – Made with Real Sugar

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

2. How many Unit(s) did you purchase? _____
(If you are claiming more than 13 Units, see the Tier 2 Benefit section.)

3. Approximate month(s) and year(s) of purchases:

____ / ____
Month Year

____ / ____
Month Year

____ / ____
Month Year

____ / ____
Month Year

4. Please identify the store(s) where you purchased the product(s): (Optional)





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For use with Tier 2 Claims

Tier 2 Benefit is available for Settlement Class Members who purchased the Products during the Class Period and have a valid Proof of Purchase. You may receive up to a maximum of \$0.40 per Unit, up to a *maximum* of 100 units or \$40 per Household. However, the maximum amount could be less than \$40, depending on a number of factors, including how many Valid Claims are actually submitted.

Purchase Information

1. You must attach Proof(s) of Purchase if claiming more than 13 units.

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of the Circuit Court of the City of St. Louis, State of 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 documentation information provided to the Settlement Administrator to support my Claim is original or else a complete and true copy of the original(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 already entered into a Settlement for any of the Claims set forth in this Claim Form;
6. I am neither (a) a Person who purchased or acquired the Product for resale; (b) a Person who purchased the Product in the state of California between December 28, 2012, and June 26, 2018; (c) an employee, principal, legal representative, successor, or and assign of Defendants or their affiliated entities; (d) a government entity; nor (e) a judge to whom this Action is assigned, or any member of the judge's immediate family;
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, the effect is the same as if I have given a complete Release of all settled Claims; and
11. I understand that Claims will be audited for veracity, accuracy, and fraud. Claims Forms that are not valid and/or illegible can be rejected.

Signature: _____ Dated: ____ / ____ / _____



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