Class Member ID: 3123500000000

MUST BE SUBMITTED NO LATER THAN, **June 14, 2022**

Doctor's Best Glucosamine Sulfate Class Action Settlement [Downloadable] Claim Form

For Office Use Only

To make a claim under the settlement, you must complete this form and mail it to the address below. (Alternatively, you can complete and submit the online claim form at www.DoctorsBestGlucosamineSettlement.com/claimform.) Your claim form must be received, not just postmarked, by June 14, 2022. This claim form 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. Importantly, your submission, whether online or by mail, will be submitted to a federal court and subject to the penalty of perjury carrying penalties under U.S. laws including criminal, civil and financial penalties for fraudulent submissions.

This settlement involves dietary supplements labeled as containing Glucosamine Sulfate offered for sale by Doctor's Best, including Doctor's Best Glucosamine Sulfate 750mg, Vegan Glucosamine Sulfate 750mg, Synergistic Glucosamine MSM, Glucosamine Chondroitin MSM, Vegan Glucosamine Chondroitin MSM, and Glucosamine Chondroitin MSM + Hyaluronic Acid (collectively, the "Products"). If your claim is validated and the Court approves the settlement, ***and you submit Proof of Purchase***, you will receive a refund of an amount equal to 60% of the purchase price for each package of the Product you purchased in the United States between July 22, 2016 and February 28, 2022. **If you do not submit Proof of Purchase, you will receive five dollars ($5) for each package of the Product you purchased in the United States between July 22, 2016 and February 28, 2022**. If you submit Proof of Purchase, you may only claim up to twelve (12) packages of the Product per Household. If you do not submit Proof of Purchase, you may only claim up to five (5) packages of the Product per Household.

Proof of Purchase means an itemized sales receipt generated by a retail seller, or a photocopy or digital image file thereof, showing the date and place of purchase, name of the product purchased, and the amount paid.

Refunds will be issued after the settlement's Effective Date. Please save a copy of this completed form and your Proof of Purchase for your records. **For further information, visit www.DoctorsBestGlucosamineSettlement.com. In order to receive a refund, you must complete all of the information below and on the following pages, as well as sign and date the form.**

LATE

Name: ______________________________ ______ ______________________________
First Name *M.I.* *Last Name*

Street Address: ______________________________

City: ______________________________

State: ____ ____ **Zip Code:** ___ ___ ___ ___ ___ - ___ ___ ___ ___ (zip4 optional)

Email Address: ____________________ @ ____________ . ________

If you would like to elect to receive your settlement payment through electronic transfer, please visit www.DoctorsBestGlucosamineSettlement.com and file your Claim online. The website includes a step-by-step guide for you to complete the electronic payment option.

I purchased:

[Insert total number here] ________ packages of the Product between July 22, 2016 and February 28, 2022. These purchases were not for purpose of resale to others.

All sections of this form are completed truthfully, accurately, and completely.

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

SIGNATURE: ________________________________ **PRINTED NAME:** ______________________________________

DATED: ___ ___ / ___ ___ / ___ ___ ___ ___

Mail, WITH YOUR PROOF OF PURCHASE, IF ANY, to:

Doctor's Best Settlement Claim Administrator
PO Box 225391
New York, NY 10150-5391

LATE