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CLAIM FORM

Armstrong et al., v. Kimberly-Clark Corp., Case No. 3:20-cv-3150
United States District Court for the Northern District of Texas

STEP 1: READ THESE INSTRUCTIONS

- There are two ways to submit this Claim Form to the Settlement Administrator: (1) online at **www.WipeSettlement.com** or (2) by U.S. Mail to the following address: Cottonelle Flushable Wipes Settlement Program, c/o Kroll Settlement Administration, PO Box 225391, New York, NY 10150-5391.
- **DEADLINE:** If submitting a Claim Form online, you must do so by **January 16, 2024**. If you submit a claim by U.S. Mail, the completed and signed Claim Form must be postmarked by **January 16, 2024**.
- You must complete the entire Claim Form. Please type or write your responses legibly.
- You may only submit one Claim Form per household.¹
- Under **STEP 2** below, you must choose between submitting a Claim Form with proof of purchase (**OPTION 1**) or submitting a Claim Form without proof of purchase (**OPTION 2**). You may not choose both.
 - If you submit a Claim Form with proof of purchase (**OPTION 1**):
 - You must provide proof of purchase. You may include multiple purchases in the Claim Form, so long as you provide proof for each purchase. The proof of purchase must reflect the purchase of Cottonelle Flushable Wipes between February 7, 2020, and December 31, 2020.
 - You are eligible for reimbursement up to 100% of the amount for which you provide proof of purchase.
 - If you submit a Claim Form without proof of purchase (**OPTION 2**):
 - You are eligible for reimbursement of up to five dollars (\$5.00) per household.
- Under **STEP 3**, you must sign an attestation that you, or a person residing in your household, actually purchased eligible Cottonelle Flushable Wipes. You must complete **STEP 3** regardless of which option you chose in **STEP 2**.
- Submission of the Claim Form does not guarantee payment. If you previously received a refund from Kimberly-Clark, you may not be eligible for payment under this Class Action Settlement. Your Claim Form must be approved by the Settlement Administrator. If the amount payable for valid claims exceeds \$13.5 million, payments for Settlement Class Members will be reduced *pro rata* so that the total of all payments for valid claims does not exceed \$13.5 million.
- If you have any questions, please contact the Settlement Administrator by email at **info@WipeSettlement.com**, by telephone at **1-833-383-6864**, or by U.S. mail at the above address.

¹ "Household" means all individuals who resided at one physical address at any time between February 7, 2020 and the present.





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STEP 2: FILL OUT YOUR CLAIM

OPTION 1: I AM SUBMITTING A CLAIM WITH PROOF OF PURCHASE. I paid \$ _____ for recalled lots of Cottonelle Flushable Wipes for personal use and not for resale between February 7, 2020 and December 31, 2020 in the United States or United States territories. *You **must** attach proof of purchase to this Claim Form (examples include: receipt(s), record(s) of online purchase history, etc.). You may include multiple purchases, so long as you provide proof for each purchase. Your proof(s) of purchase must reflect a date of purchase between February 7, 2020 and December 31, 2020.*

Retailer	Purchase Amount	Purchase Date

OPTION 2: I AM SUBMITTING A CLAIM WITHOUT PROOF OF PURCHASE. I purchased recalled lots of Cottonelle Flushable Wipes for personal use and not for resale between February 7, 2020 and December 31, 2020 in the United States or United States territories.

STEP 3: SIGN A STATEMENT ATTESTING TO YOUR PURCHASE(S)

I declare under **penalty of perjury** that all the information provided in this Claim Form is, to the best of my knowledge, information and belief accurate and correct and that I, or a person residing in my household, purchased recalled lots of **Cottonelle Flushable Wipes** for personal use and not for resale between February 7, 2020 and December 31, 2020 in the United States or United States territories. I understand that I am presumed to be a purchaser of recalled lot(s) if I: (1) received a notice from a retailer identifying me as a potential purchaser of recalled lots; (2) verified with Kimberly-Clark that I purchased recalled lot(s); or (3) learned of the recall and discarded Wipes with a good faith belief that I purchased recalled lot(s). I also declare that I have not already been reimbursed by Kimberly-Clark for the purchase of the same Cottonelle Flushable Wipes for which I am presently submitting a claim.

Signature

____/____/_____
Date

Printed Name



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Address

City

State

Zip Code

Telephone Number

Email Address

@

STEP 4: SUBMIT THIS CLAIM FORM BY JANUARY 16, 2024

You must submit this Claim Form by January 16, 2024 to be eligible for payment.

You may submit this Claim Form (1) electronically at www.WipeSettlement.com, or (2) by U.S. Mail to following address:

Cottonelle Flushable Wipes Settlement Program

Kroll Settlement Administration LLC

PO Box 225391

New York, NY 10150-5391

info@WipeSettlement.com

1-833-383-6864

PLEASE DO NOT CONTACT THE COURT IF YOU HAVE QUESTIONS.



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