

National Benefiber Settlement  
c/o JND Legal Administration  
P.O. Box 91412  
Seattle, WA 98111  
Settlement Website: [www.NationalBenefiberSettlement.com](http://www.NationalBenefiberSettlement.com)

## BENEFIBER SETTLEMENT CLAIM FORM

Please complete each section of the Claim Form below and submit the Claim Form by **October 6, 2021** in order to be eligible to receive a Settlement Payment. An incomplete or late Claim Form may result in the denial of your Claim.

SECTION I: CONTACT INFORMATION		
<b>First Name</b>	<b>Last Name</b>	
<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b>	<b>Phone Number</b>	

SECTION II: PURCHASE INFORMATION		
	<b>Total Number of Units Purchased</b>	<b>Total Number of Units with Qualifying Proof of Purchase</b>
<b>Benefiber Original<sup>1</sup> Units Purchased from June 19, 2014 to June 8, 2021:</b>		
<b>Benefiber Healthy Shape<sup>2</sup> Units Purchased from June 19, 2014 to June 8, 2021:</b>		

If you are claiming more than 5 units of either Benefiber Original or Benefiber Healthy Shape, you must provide Qualifying Proof of Purchase **for each unit** for which you have submitted a Claim. A Qualifying Proof of Purchase means receipts or any other document, including e-mail receipts and photographs or other reliable documentation establishing a purchase, demonstrating that the Claimant purchased Benefiber Original and/or Benefiber Healthy Shape during the Class Period in the United States.

<sup>1</sup>"Benefiber Original" means Benefiber Original Prebiotic Powder Fiber Supplement, Benefiber Sugar-Free Powder Fiber Supplement, Benefiber Prebiotic Powder Fiber Supplement On-The-Go Stick Packs (Flavored or Unflavored), and Benefiber Prebiotic Fiber Supplement Chewables.

<sup>2</sup>"Benefiber Healthy Shape" means Benefiber Healthy Shape Prebiotic Powder Fiber Supplement.

Questions? Visit [www.NationalBenefiberSettlement.com](http://www.NationalBenefiberSettlement.com) or call toll-free at 1-833-636-2116  
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

**SECTION III: PAYMENT SELECTION – SELECT ONLY ONE FORM OF PAYMENT**

<b>PayPal:</b>	<b>PayPal account Email Address:</b>	
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<b>Zelle:</b>	<b>Zelle account Email Address:</b>	
	<b>Zelle account Phone Number:</b>	

<b>Venmo:</b>	<b>Venmo User Name:</b>	
	<b>Venmo account Email Address:</b>	
	<b>Venmo account Phone Number:</b>	

<b>Check:</b>	<b>Street Address:</b>	
	<b>City:</b>	
	<b>State and Zip Code:</b>	

**SECTION IV: AFFIRMATION**

I hereby affirm, under penalty of perjury, each of the following:

- I was residing in the United States at the time of purchase.
- I purchased the Covered Products for personal or household use and not for resale.
- Only one Claim Form has been submitted for my household, which includes all persons residing at the same physical address.
- The information provided in this Claim Form is true and correct to the best of my knowledge.
- I have read the Release in Paragraph F.29 of the Settlement Agreement and agree to be bound by the Release and the terms of the Settlement Agreement.

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**

**THIS FORM WILL BE USED BY THE SETTLEMENT ADMINISTRATOR TO DETERMINE YOUR ELIGIBILITY TO RECOVER UNDER THIS SETTLEMENT AND TO DETERMINE THE VALUE, IF ANY, OF YOUR SETTLEMENT PAYMENT.**