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**IMPORTANT LEGAL MATERIALS**

*Ramsey-Standage v. Abbott Laboratories*  
Case No. 22PH-CV00853  
Phelps County Circuit Court, Missouri

For use by purchasers of certain Abbott Laboratories infant formula Product(s) (listed on Exhibit A to the Notice)  
between June 24, 2016 and September 22, 2022

**CLAIM FORM**

**GENERAL INSTRUCTIONS**

**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 Ramsey-Standage v. Abbott Laboratories, c/o Kroll Settlement Administration, P.O. Box 225391 New York, NY 10150-5391, or can be submitted online via the Settlement Website, [www.anservingsettlement.com](http://www.anservingsettlement.com). **Claim Forms submitted via mail must be POSTMARKED BY JANUARY 31, 2023, OR SUBMITTED ONLINE NO LATER THAN 11:59 pm, Central Time.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (the "Notice") available at [www.anservingsettlement.com](http://www.anservingsettlement.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 Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

If you fail to submit a timely Claim Form, your Claim may be rejected, and 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 request to exclude yourself (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 only one Benefit per Household. To receive the most current information, receive updates, and to file your Claim please visit the Settlement Website at [www.anservingsettlement.com](http://www.anservingsettlement.com).

**Claimant Information**

Claimant Name: \_\_\_\_\_  
First Name M.I Last Name

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Day Time Phone Number Evening Phone Number

Control number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Please complete only one of the Tier options below. Completing more than one Tier option below will invalidate your claim.**

**For use with Tier 1 Claims (No Proof of Purchase)**

Tier 1 Benefit is available for Settlement Class Members who purchased certain Abbott Laboratories infant formula Product(s) (listed on Exhibit A to the Notice) during the Class Period and do not have valid Proof of Purchase. If you check the box below, then you will recover a minimum of \$3.00 and up to \$15.00, subject to a pro rata adjustment, per Household.

**Attestation**

- I purchased one or more Products during the Class Period (from June 24, 2016 through September 22, 2022) in the United States.
- I purchased \_\_\_\_\_ [# of units] of \_\_\_\_\_ [insert name of Product(s)]; and the price per unit was \$\_\_\_\_\_.
- I purchased the Products at the following store(s): \_\_\_\_\_.

**For use with Tier 2 Claims (With Proof of Purchase)**

Tier 2 Benefit is available for Settlement Class Members who purchased certain Abbott Laboratories infant formula Product(s) (listed on Exhibit A to the Notice) during the Class Period. Selecting Tier 2 requires certain proof of purchase documentation but allows you to recover a minimum of \$3.00 and up to \$45.00, subject to a pro rata adjustment, per Household.

Your Tier 2 claim requires Proof of Purchase documentation of one of the following from you for each claimed purchase: (1) a receipt; (2) removed UPC code; or (3) documentation from a third-party commercial source reasonably establishing the fact and date of purchase of the applicable Product(s) during the Class Period in the United States.

**Attestation**

- I purchased \_\_\_\_\_ [# of units] of Abbott Laboratories infant formula Product(s) (listed on Exhibit A) in the United States and have attached the Proof of Purchase for each unit.

**Submission to Jurisdiction of the Court**

By signing below, you are submitting to the jurisdiction of the Phelps County Circuit Court, 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 information provided to the Settlement Administrator to support my Claim (if a Tier 2 Claim) is an original or a complete and true copy of the original document;
4. I am a member of the Settlement Class and did not request to Opt-Out from the Settlement Class;
5. I have not entered into a Settlement for any of the Claims set forth in this Claim Form;
6. I do not fall within one of the following class exclusions: (a) Persons who purchased or acquired any Products for resale; (b) the Released Parties; (c) all Persons who file a timely and valid Opt-Out; (d) Plaintiff’s Counsel, their employees and counsel, as well as the household members of Plaintiff’s employees and counsel; (e) Defendant’s Counsel, their employees and counsel, as well as the household members of Defendant’s employees and counsel; (f) federal, state, and local governments, political subdivisions or agencies of federal, state and local governments; and (g) the judicial officers, courtroom staff, and members of their households overseeing the Action;
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, I am deemed to have given a complete Release of all settled claims; and
11. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible Claim forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

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