

*Graves, et al. v. United Industries Corporation*  
United States District Court, Central District of California  
2:17-cv-06983-CAS- SK

**CLASS ACTION SETTLEMENT  
CLAIM FORM**

**CLAIM FORM INSTRUCTIONS**

To be eligible to receive a payment from the Settlement Fund in the above-captioned action, you must file a Claim Form as described below.

**REQUIREMENTS FOR FILING A CLAIM FORM**

1. Please review the Notice of Class Action Settlement (the "Notice"). A copy of the Notice is available at [www.MakesUpToSettlement.com](http://www.MakesUpToSettlement.com).
2. Accurately complete all required portions of this Claim Form.
3. Sign the Claim Form.
4. By signing and submitting this Claim Form, you certify that you are a resident of the United States who, on or after September 21, 2013 until November 1, 2019 (the "Class Period"), purchased in any state, for personal or household use and not for resale or distribution, any herbicide product that is sold under the "Spectracide®" tradename and is sold in a "Concentrate" product form (in other words, designed to be manually mixed by consumers with water prior to use on targeted vegetation). You further certify that you have not filed a timely Request for Exclusion from the Settlement Class and that you are not excluded from the class by virtue of being (1) a judicial officer presiding over the action, (2) a current or former officer, director, or employee of United Industries Corporation or any of its subsidiaries, parent companies, successors, or predecessors, including Spectrum Brands, Inc., or (3) a legal representative, successor, or assign of any such excluded person.
5. To receive a cash payment, you must complete and submit a completed form online at [www.MakesUpToSettlement.com](http://www.MakesUpToSettlement.com) or mail the completed and signed Claim Form by U.S. Mail, postmarked no later than January 20, 2020 to:

**Spectracide® Class Action Settlement  
c/o Classaura Class Action Administration  
1718 Peachtree St NW #1080, Atlanta, Georgia**

6. Your failure to complete and submit the Claim Form online or postmarked by mail by January 20, 2020 will preclude you from receiving any payment in this Settlement.

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**CLASS ACTION SETTLEMENT  
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**Your Name:** \_\_\_\_\_

**Your Mailing Address (with zip code):**

\_\_\_\_\_  
\_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

**Your Email Address:** \_\_\_\_\_

**Are you a United States resident who purchased, on or after September 21, 2013 until November 1, 2019, any Spectracide® Concentrate herbicide product in any state, for personal or household use and not for resale or distribution?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**How many of the Spectracide® Concentrate herbicide products did you purchase during the Class Period?**

\_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 or more

**Copy of Your Receipt.** If you have receipt(s) for your purchases, please enclose a copy of all receipts with this form.

**Date(s) of Purchase.** If you do not have a copy of your receipt, then for each Spectracide® Concentrate herbicide product you claim you purchased, give the approximate date of the purchase:

Date(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Location(s) of Purchase.** For each Product you purchased, identify the address of the store where the purchase was made. (Example: Home Depot, 225 Main Street, Cedar Rapids, Iowa).

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**Claim Your Settlement Award<sup>1</sup>.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>1</sup> The settlement awards are described in detail in Section 7.2 of the Settlement Agreement.