



Class Member ID: 3095000000000

Important Legal Materials

MUST BE
SUBMITTED
NO LATER THAN
OCTOBER 16, 2017

PROOF OF CLAIM FORM

For Office Use Only

RE: *Daryl White, Jr. v. Rust-Oleum Corp.*,
Case No. 16AC-CC00533

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:

Spray Paint Settlement
Heffler Claims Group
P.O. Box 58788
Philadelphia, PA 19102-8788

or can be submitted via the Settlement Website, www.SprayPaintSettlement.com.

**CLAIM FORMS MUST BE POSTMARKED BY OCTOBER 16, 2017
OR
SUBMITTED ONLINE NO LATER THAN OCTOBER 16, 2017
AT 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.SprayPaintSettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Notice. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release 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 seek exclusion 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 one Benefit per Household. To receive the most current information and regular updates, please submit your Claim Form on the Settlement Website at www.SprayPaintSettlement.com. On the Settlement Website, you will also be able to submit your web Claim.



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RE: Daryl White, Jr. v. Rust-Oleum Corp., Case No. 16AC-CC00533

Please LEGIBLY PRINT the following information:

Contact Information:

Name: First Name M.I. Last Name
Street Address:
City:
State:
Zip Code: (zip4 optional)
Daytime Phone Number: () -
Evening Phone Number: () -
E-Mail Address: @ .



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For use with Tier 1 Claims

Tier 1 Benefit is available for Class Members who purchased Rust-Oleum Products during the Class Period and do not have valid Proof of Purchase. You may receive up to a maximum of \$1.00 per Unit, up to 3 units or \$3.00 maximum per Household, or less depending on a number of factors including how many Valid Claims are actually submitted.

Purchase Information:

1. Please identify the brand name of the Rust-Oleum Product(s) you purchased.

2. How many units did you purchase?

3. Please identify the approximate date(s) of purchase(s)

Approximate Purchase Dates (MM/DD/YYYY)
___ / ___ / _____
___ / ___ / _____
___ / ___ / _____

4. Please identify which store(s) you purchased the product at:

- Home Depot: YES
- Lowes: YES
- Costco: YES
- True Value Hardware: YES
- Walmart: YES

Other: _____



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For use with Tier 2 Claims

Tier 2 Benefit is available for Class Members who purchased the Products during the Class Period and do not have valid Proof of Purchase but are willing to provide additional information. You may receive \$1.00 per unit up to 6 units to a maximum of \$6.00 per Household, or less depending on a number of factors including how many Valid Claims are actually submitted.

Purchase Information:

1. Please identify the brand name of the Rust-Oleum product(s) you purchased?

2. Please provide the following information:

Color	Can Size	Store Location (City, State)	Approximate Purchase Dates (MM/DD/YYYY)	Number of Units Purchased
	___ OZ.	_____, __	___ / ___ / _____	
	___ OZ.	_____, __	___ / ___ / _____	
	___ OZ.	_____, __	___ / ___ / _____	
	___ OZ.	_____, __	___ / ___ / _____	
	___ OZ.	_____, __	___ / ___ / _____	
	___ OZ.	_____, __	___ / ___ / _____	

3. Please Identify which store(s) you purchased the product at:

- Home Depot: YES
- Lowe's: YES
- Costco: YES
- True Value Hardware: YES
- Walmart: YES
- Other: _____

4. Please Identify the reason(s) you purchased the product:

- Effectiveness: YES
- Price: YES
- Quality: YES
- Discount Offer: YES
- Advertising/marketing claims: YES

Other: _____



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For use with Tier 3 Claims

Tier 3 Benefit is available for Class Members who purchased the Products during the Class Period and who elect to provide valid Proof of Purchase showing, at a minimum, the purchase of a Product, the purchase price, purchase date, and place of purchase. The actual Benefit will not exceed \$20 per Household and may vary depending upon a number of factors including how many Valid Claims are actually submitted. Proof of Purchase must be attached and submitted with this Claim.

Purchase Information:

1. Attach Proof of Purchase to this form.
2. Please identify the brand name of the Rust-Oleum Product(s) you purchased.

3. How many units did you purchase?

4. Please identify the approximate date(s) of purchase(s)

Approximate Purchase Dates (MM/DD/YYYY)
___/___/____
___/___/____
___/___/____

5. Please identify which store(s) you purchased the product at:

- Home Depot: YES
- Lowes: YES
- Costco: YES
- True Value Hardware: YES
- Walmart: YES

Other: _____



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Class Member ID: 3095000000000

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of Cole County, 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;
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 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 be excluded 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 am neither (a) a Person who purchased or acquired the Product for resale; (b) Defendant and its employees, principals, affiliated entities, legal representatives, successors and assigns; (c) a government entity; or (d) a judge to whom this Action is assigned or any member of the judge's immediate family;
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. Invalid or illegible Claims Forms can be rejected.

SIGNATURE: _____

PRINTED NAME: _____

DATED: ___ / ___ / _____