

## Procter & Gamble Aerosol Products Class Action Settlement Claim Form

MUST BE SUBMITTED NO LATER THAN January 26, 2023 This Settlement involves Procter & Gamble aerosol products, including all aerosol antiperspirant, deodorant, body spray, dry shampoo, and dry conditioner products listed in the complaints filed in the Actions or in any case included in the MDL, including but not limited to aerosol antiperspirant, deodorant, body spray, dry shampoo, and dry conditioner products from the following brands: Secret, Old Spice, Pantene, Waterl<ss, Aussie, Herbal Essences, and Hair Food (the "P&G Aerosol Products").

For Office Use Only

If your claim is timely and valid and the Court approves the Settlement, you may elect to receive either a monetary payment equivalent to up to three dollars and fifty cents (\$3.50) or a voucher redeemable for one P&G Aerosol Product, for each P&G Aerosol Product unit purchased **between November 4, 2015 and December 31, 2021**, for which a timely and valid Claim Form is submitted that includes a timely and valid Proof of Purchase. The value of the voucher will correspond to the type of P&G Aerosol Product that you purchased. There is no limit to the amount of vouchers or monetary payments you may receive under the Settlement if you submit a timely and valid Proof of Purchase for each P&G Aerosol Product you claim to have purchased. Proof of Purchase means a dated receipt or other document showing that you purchased one or more P&G Aerosol Products **between November 4, 2015 and December 31, 2021**. The Proof of Purchase must include the the specific P&G Aerosol Product purchased, the date of purchase, and the price of the purchase. A photo of the product is not valid Proof of Purchase. Each Proof of Purchase may only be submitted to make a claim of one monetary payment or one voucher per Household.

If you do not submit a timely and valid Proof of Purchase, you may still be eligible to receive a monetary payment or voucher for up to three P&G Aerosol Products (*i.e.*, up to ten dollars and fifty cents (\$10.50) or up to three vouchers) per Household. If you wish to receive monetary payments or vouchers for more than three P&G Aerosol Products, you must submit a valid Proof of Purchase for each additional product. A voucher is redeemable for the same product(s) shown in your Proof of Purchase or claimed under oath below.

To make a claim under the Settlement, you must complete this form and mail it to the address below. (Alternatively, you can complete and submit your claim via the online claim process at www.aerosolspraysettlement.com.) All information will be kept confidential. Your Claim Form must be postmarked by January 26, 2023. This Claim Form will be used only for purposes of administering this Settlement. Your submission, whether online or by mail, is subject to the penalty of perjury carrying penalties under U.S. laws including criminal, civil, and financial penalties for fraudulent submissions.

After the Settlement's Effective Date, monetary payments will be made by Venmo, PayPal, Zelle, or digital prepaid MasterCard to the email address you provide below (or mailed by check to the address you provide below, if you elect that option) and vouchers will be mailed to the address you provide. Please save a copy of this completed form and any Proof of Purchase(s) you submit with this completed form for your records. For further information, visit www.aerosolspraysettlement.com. In order to receive a monetary payment or voucher, you must complete all of the information below and sign and date the form. Incomplete forms will not be processed. The address that you provide below is the address where your check (if you elect that option) or voucher will be mailed.







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## **Claimant Identification:**

First Name	Last Name		
Address			
City	State	Zip Code	Zip4 (optional)
Геlephone: ( )			
Email Address:		@	
P&G Aerosol Prod	lucts Class A	ction Settlement	
•	Claim Form		
By checking a box below, I certify that I did of connection with P&G's recall programs announdedodorant products) and December 17, 2021 (for	nced on Novembe	er 23, 2021 (for certain	n aerosol antiperspirants or
Yes, I or a member of my Household a By checking this box, I certify that I pu <b>November 4, 2015 and December 31, 20</b> programs. I also understand that, if I alream limited to receiving a maximum of one	archased at least 21, for which I dieady received thr	one additional P&G d not obtain a vouche ee or more vouchers	Aerosol Product <b>between</b> r from P&G under the recall under the recall programs, I
Yes, I or a member of my Househole By checking this box, I understand that receive under this Settlement will be reduce received under the recall programs.	the number of r	nonetary payments of	r vouchers I am entitled to
☐ No. By checking this box, I certify the from P&G in connection with P&G's reca		a member of my Hous	ehold received any voucher









I certify that I purchased the following units of P&G Aerosol Products between November 4, 2015 and December 31, 2021:

Old Spice antiperspirant: units	Year of purchase: 20		
☐ Old Spice "Below Deck" deodorant: units	Year of purchase: 20		
☐ Secret antiperspirant: units	Year of purchase: 20		
☐ Pantene dry shampoo: units	Year of purchase: 20		
☐ Pantene dry conditioner: units	Year of purchase: 20		
☐ Waterl <ss dry="" shampoo:="" td="" units<=""><td>Year of purchase: 20</td></ss>	Year of purchase: 20		
☐ Waterl <ss conditioner:="" dry="" td="" units<=""><td>Year of purchase: 20</td></ss>	Year of purchase: 20		
☐ Aussie dry shampoo: units	Year of purchase: 20		
☐ Aussie dry conditioner: units	Year of purchase: 20		
☐ Herbal Essences dry shampoo: units	Year of purchase: 20		
☐ Hair Food dry shampoo: units	Year of purchase: 20		
☐ Old Spice dry shampoo: units	Year of purchase: 20		
☐ Other P&G Aerosol Product that I allege contains b	penzene:		
Product: Units	s: Year of purchase: 2 0		
For the products I selected above:			
☐ I have Proof of Purchase(s), which I have enclosed with this Claim Form			
☐ I do NOT have Proof of Purchase(s)			







If the Settlement is approved, I want to receive any compensation I am owed under the Settlement as follows (check one):			
☐ Voucher, mailed to the address I provided above			
☐ Monetary payment, which I will receive via a prepaid digital MasterCard emailed to the email address I provided above			
☐ Monetary payment, which I will receive via Venmo to the following account:			
☐ Monetary payment, which I will receive via PayPal to the following account:			
☐ Monetary payment, which I will receive via Zelle to the following account:			
☐ Monetary payment, which I will receive by check mailed to the mailing address I provided above			
I certify under penalty of perjury under the laws of the United States that all of the foregoing is true and correct. I further understand that if it is determined that I provided any information on this form that is not true or correct, I may be ineligible for any compensation in connection with this Settlement.			
Signature: Printed Name:			
Dated: / /			

Mail, WITH YOUR PROOF OF PURCHASE, IF ANY, to:

**Procter and Gamble Aerosol** c/o Kroll Settlement Administration PO Box 5324 New York, NY 10150-5324



