

WOODARD, et al. v. LABRADA, et al.
United States District Court, Central District of California
5:16 CV 000189-JGB-SP

**CLASS ACTION SETTLEMENT
CLAIM FORM**

CLAIM FORM INSTRUCTIONS

In order for you to qualify to receive a payment related to *Woodard, et al. v. Labrada, et al.*, Case No. 5:16-cv-00189-JGB-SP, United States District Court, Central District of California, as described in the notice of settlement, you must file a Claim Form, as described below to process your claim.

REQUIREMENT FOR FILING A CLAIM FORM

1. Please review the Notice of Class Action Settlement (the Notice). A copy of the Notice is also available at www.GCBEProducts.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 are hereby certifying that you purchased Svetol® or any green coffee bean extract product containing Svetol®, whether or not they were sold under or using the Svetol® trademark (the “Products”), including but not limited to the Labrada Fat Loss Optimizer with Svetol® Green Coffee Bean Extract, for personal or household use and not for resale, from February 2, 2012 until May 17, 2019.
5. In order for you to receive a cash payment, you must complete and submit a completed form online at www.GCBEproducts.com or mail the completed and signed Claim Form by U.S. Mail, postmarked no later than August 30, 2019:
To:
Weight Loss Class Action Settlement
c/o Classaura Class Action Administration
1718 Peachtree St #1080, Atlanta, Georgia
6. Your failure to complete and submit the Claim Form postmarked by August 30, 2019 will preclude you from receiving any payment in this Settlement.

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Your Name:

Your Mailing Address (with zip code):

Your Phone Number:

Your Email Address:

Did you purchase one of the following products: Svetol® or any green coffee bean extract product containing Svetol®, whether or not they were sold under or using the Svetol® trademark (the “Products”), including but not limited to the Labrada Fat Loss Optimizer with Svetol® Green Coffee Bean Extract, for personal or household use and not for resale, from February 2, 2012 until May 17, 2019,

_____ YES

_____ NO

Date of Purchase. For each Product you claim you purchased, give the date of the purchase. If you do not have a receipt for your purchase, give the approximate date:

Date(s):

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

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

Claim Your Settlement Award¹.

I hereby certify that the foregoing is true and correct.

Signature: _____

Date: _____

¹ The settlement awards are described in detail in Section 6.2 of the Settlement Agreement.