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MUST BE
POSTMARKED
(IF MAILED)
OR
RECEIVED
(IF SUBMITTED
ONLINE)
NO LATER THAN
OCTOBER 29, 2021

**SUPERIOR COURT OF CALIFORNIA, ALAMEDA
COUNTY**

Clark v. S.C. Johnson & Son, Inc.,
Case No. RG 20067897

PROOF OF CLAIM

Please Type or Print -Use Blue or Black Ink Only

For Office Use Only

Windex “Non-Toxic” Settlement
c/o Kroll Settlement Administration
P.O. Box 131
Warminster, PA 18974-0131

CLAIM FORM AND INSTRUCTIONS

In order for you to receive a cash payment from the settlement in the class action lawsuit concerning Windex “Non-Toxic” Products, named *Clark v. S.C. Johnson & Son, Inc.*, you must complete and submit a Claim Form, as described below.

REQUIREMENTS FOR FILING A CLAIM FORM

Your claim will only be considered if you comply with all of the following:

1. Please review the Notice of Proposed Class Action Settlement (the “Notice”) and have the Notice with you when you complete your Claim Form. A copy of the Notice is available at www.clarkclasssettlement.com
2. You must accurately complete all required portions of this Claim Form. Please complete only one Claim Form if you are submitting a claim, regardless of the number of qualifying Windex “Non-Toxic” products purchased.
3. You must sign this Claim Form.
4. In order for you to receive a cash payment, you must submit a completed Claim Form online at www.clarkclasssettlement.com or by First Class U.S. Mail to:

Windex “Non-Toxic” Settlement
c/o Kroll Settlement Administration
P.O. Box 131
Warminster, PA 18974-0131

5. Your failure to complete and submit the Claim Form by October 29, 2021 will preclude you from receiving any payment in this Settlement.



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A. CLAIMANT INFORMATION

First Name M.I. Last Name

Street Address

City State Zip Code

Email Address @

(____)____-____
Phone Number (Optional)

B. PURCHASE INFORMATION

- To qualify for a cash payment, you must have purchased one or more of the Windex products with a “non-toxic formula” label between January 1, 2019 and July 9, 2021, including: Windex Original, Windex Vinegar, Windex Ammonia-Free, and Windex Multi-Surface.
- You may make a claim for one of the following:
 - a. For Settlement Class Members without proof of purchase, but who complete this Claim Form under penalty of perjury, the Settlement Fund will issue a monetary refund up to a maximum of \$10.00 (\$1.00 per product purchased for up to ten (10) products purchased.)
 - b. For Settlement Class Members who provide Proof of Purchase, the Settlement Fund will issue a \$1.00 cash payment for each purchase of a qualifying product without limitation. “Proof of Purchase” means a receipt or other documentation reasonably establishing purchase of the Product(s) during the Class Period in the United States. Proof of Purchase may be in the form of any reasonably reliable proof, such as an itemized store receipt or loyalty/membership card print-outs, non-identical original UPC codes or pictures of non-identical UPC codes for each purchased Product.
- The Claims Administrator may adjust the cash payment amount up or down on a pro rata basis if the total amount of claims is more or less than the available Settlement Funds.



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PLEASE CHOOSE ONE OF THE FOLLOWING (SELECT ONLY ONE):

I purchased Windex Product(s) with a “Non-Toxic Formula” label, but I *do not* have a Proof of purchase.

I purchased Windex Product(s) with a “Non-Toxic Formula” label, and *I do* have a Proof of Purchase. (If you select this option, please attach your Proof of Purchase, which means a receipt or other documentation reasonably establishing the fact of purchase of the Product(s), such as an itemized store receipt or loyalty/membership card print-outs, non-identical original UPC codes or pictures of non-identical UPC codes for each purchased Product.)

NUMBER OF PRODUCTS PURCHASED

Please state the number of Windex Product(s) with a “Non-Toxic Formula” label that you have purchased.

APPROXIMATE DATES OF PURCHASE

- Please state the approximate date(s) when you purchased each of the Windex Product(s) with a “Non-Toxic Formula” label:

C. ACKNOWLEDGEMENT

I declare, under penalty of perjury, that the information in this Claim Form is true and correct to the best of my knowledge, and that I purchased the Product(s) claimed above in the United States during the Class Period for personal or household use and not for resale. I understand that my Claim Form may be subject to audit, verification, and/or Court review.

Signature

____ / ____ / ____
Date



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