

# Mueller Settlement

## CLAIM FORM

### INSTRUCTIONS

This class action alleges that Defendant falsely and deceptively labeled and advertised the Covered Products with an image of the Austrian flag and the name “Austria”, which led reasonable consumers into believing that the Covered Products were made in Austria paid more for the Covered Products as a result of those alleged statements when, the Covered Products were not made in Austria.

#### **You are a Settlement Class Member if you:**

- purchased any of the Covered Products in the United States, its territories, or at any United States military facility or exchange during the Class Period are Class Members.

**To be eligible for payment you must submit a valid Claim no later than January 30, 2024**

#### **How Do I Fill Out and Submit This Claim Form?**

If you believe you are eligible and you would like to submit a Claim, you have two options: (1) complete and submit the online Claim Form at [www.MuellerSettlement.com](http://www.MuellerSettlement.com), or (2) complete a paper Claim Form and send it by First-Class Mail to:

Mueller Settlement Administrator  
c/o A.B. Data, Ltd.  
P.O. Box 173096  
Milwaukee, WI 53217

Your Claim must be submitted online, or post-marked, by January 30, 2024. Please read and follow these instructions carefully. Please do not omit any information asked for. Failure to provide complete and accurate information may result in a delay in the processing of your Claim Form.

**Settlement payments will be digitally sent to you via email.** Please ensure you provide a current, valid email address and mobile phone number with your Claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you of your Settlement payment, you will be provided with several digital payment options, such as PayPal, Amazon, or a virtual debit card, to immediately receive your Settlement payment.

The information provided on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

# MUELLER SETTLEMENT CLAIM FORM

NAME\*

FIRST NAME, LAST NAME

STREET ADDRESS\*

APT

CITY\*

STATE\*

ZIP\*

MOBILE PHONE NUMBER\*

 (  )  - 

EMAIL ADDRESS\*

VERIFY EMAIL ADDRESS\*

Please ensure you provide a current, valid email address and mobile phone number with your Claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide the Settlement Administrator with a current, valid email address and mobile phone number for payment.

You have two options for filing your claim. If you wish to receive a cash or electronic payment you may choose **Option A**. If you wish to receive a voucher usable at [muellerdirect.com](http://muellerdirect.com), you may choose **Option B**. Please select which option you wish to receive below: *(Please select only one option below)*

- Option A**, you can receive \$7.50 per Mueller Branded Product, up to \$15.00 depending on the number of products you purchased. The actual amount you may receive may be higher or lower than the above depending on the number of claimants who select this option.

### Select Payment Method

- PayPal      Email: \_\_\_\_\_
- Venmo      Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Digital Mastercard      Email: \_\_\_\_\_
- Check

- Option B**, you can receive \$15.00 per Mueller Branded Product, up to \$30.00 depending on the number of products you purchased. The actual amount you may receive may be higher or lower than the above depending on the number of claimants who select this option.

A listing of all covered products is available by clicking the link below. Please review the products and provide the number of products you purchased below:

Number of Covered Products claimed\*

**No proof of purchase is required at this time however, the Settlement Administrator may seek additional documentation to verify your claim during the review process. Failure to provide proof, if requested, will result in a denial of your claim.**

### CERTIFICATION

By signing this Claim submission, I certify, under penalty of perjury, that the information included with this Claim submission is accurate and complete to the best of my knowledge, information, and belief. I am a member of the Settlement Class, and have not submitted a request to exclude myself, or "opt out of," the Settlement. I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this Claim submission if requested to do so by the Settlement Administrator.

SIGNATURE\*

DATE\*

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