

**CLAIM FORM**

**Joshua Rawa, et al. v. Monsanto Co.,  
Case No. 4:17-CV-01252-AGF (E.D. MO.)**

Must be received online or postmarked, if mailed, no later than March 6, 2018	<p>ROUNDUP CONCENTRATE SETTLEMENT C/O DAHL ADMINISTRATION PO BOX 3614 MINNEAPOLIS MN 55403-0614 Toll-Free: 1-855-802-5279 Website: <a href="http://www.RoundupConcentrateSettlement.com">www.RoundupConcentrateSettlement.com</a></p>	Please Print or Type
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**Instructions: Please fill out the following form completely and submit it online or mail the form to:**

ROUNDUP CONCENTRATE SETTLEMENT  
C/O DAHL ADMINISTRATION  
PO BOX 3614  
MINNEAPOLIS MN 55403-0614

Information provided in this form will not be provided to Monsanto and will be kept confidential by the class action Administrator. To be eligible to receive a cash refund from the Settlement Fund, this form must be postmarked or submitted online by March 6, 2018.

**Section I - Class Member Information**

Name:

[Grid for Name entry]

Street Address:

[Grid for Street Address entry]

City:

[Grid for City entry]

State:

[Grid for State entry]

Zip Code:

[Grid for Zip Code entry]

Telephone:

[Grid for Telephone entry]

**Section II - Declaration**

I made, for personal or household use, the following purchases of Roundup® Concentrate Plus in the 32 oz. (1 qt.), 36.8 oz., 40 oz., or 64 oz. bottle, and/or Roundup® Super Concentrate in the 35.2 oz., 53.7 oz. (0.42 gal.), 64 oz. (1/2 gal.), or 128 oz. (1 gal.) bottle, as pictured below, and I did not return any units purchased that are being claimed.

**Concentrate Plus 32 oz. (1qt).**



**Quantity Purchased:** \_\_\_\_\_

**Retail Location Purchased:**

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

**Approximate Date of Purchase(s):** \_\_\_\_\_

Super Concentrate 35.2 oz.



Quantity Purchased: \_\_\_\_\_

Retail Location Purchased:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Approximate Date of Purchase(s): \_\_\_\_\_

Concentrate Plus 36.8 oz.



Quantity Purchased: \_\_\_\_\_

Retail Location Purchased:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Approximate Date of Purchase(s): \_\_\_\_\_

Super Concentrate 53.7 oz. (0.42 gal.)



Quantity Purchased: \_\_\_\_\_

Retail Location Purchased:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Approximate Date of Purchase(s): \_\_\_\_\_

Concentrate Plus 40 oz.



Quantity Purchased: \_\_\_\_\_

Retail Location Purchased:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Approximate Date of Purchase(s): \_\_\_\_\_

Super Concentrate 64 oz. (1/2 gal.)



Quantity Purchased: \_\_\_\_\_

Retail Location Purchased:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Approximate Date of Purchase(s): \_\_\_\_\_

Concentrate Plus 64 oz. (1/2 gal.)



Quantity Purchased: \_\_\_\_\_

Retail Location Purchased:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Approximate Date of Purchase(s): \_\_\_\_\_

Super Concentrate 128 oz. (1 gal.)



Quantity Purchased: \_\_\_\_\_

Retail Location Purchased:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

Approximate Date of Purchase(s): \_\_\_\_\_

**Section III – Refunds**

I did not receive a full refund for one or more of the above products purchased.

I received a full refund associated with the purchase of one or more of the products described above. Each of those product(s) on which I received a full refund (including quantities) are listed below:

\_\_\_\_\_

\_\_\_\_\_

**Section IV – Proof of Purchase**

Check one of the following regarding the verification of your claims:

I have included with this Claim Form a reasonable proof of purchase.

I declare under penalty of perjury that the identity and quantity of the type of Concentrate Plus and/or Super Concentrate which I claim to have purchased is true and correct.

**Section V – Affirmation**

By submitting this claim form, I certify that the information provided above is true and correct. I understand that the class action Administrator has authority to review claims for validity, completeness, and potential mistake or fraud, and to request additional information from Claimants to assist in validating claims.

SIGNATURE:

DATE:

I agree that my digital signature is the legal equivalent of my manual signature on this Claim Form.

**CLAIMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN MARCH 6, 2018.**