

**Your Claim Form Must Be Postmarked On
 or Before 01/09/2021**

Winters v. Two Towns Ciderhouse Inc., Case No. 3:20-cv-00468-BAS-BGS
United States District Court for the Southern District of California

Claim Form

SAVE TIME AND SELECT YOUR PREFERRED PAYMENT METHOD - Submit online at www.CiderSettlement.com

Class Members who **submit a Valid Claim Form by 01/09/2021** will receive a **weighted pro rata share** of the Total Distributable Settlement Fund. **Submit only one (1) Claim Form per person.**

Section I: Claimant Information

First Name																				
Last Name																				
Street Address																				
City															State		Zip Code			
Current Email Address																				
			-				-													
Contact Phone Number																				

Section II: Product Selection

*Enter the number of class products that you **purchased between March 12, 2016 and October 11, 2020** for each class product category.*

*Settlement Class Members are capped at **10 Class Products**, except those Claimants who provide **proof of purchase** to the satisfaction of the Settlement Administrator. If more than 10 products are claimed without proof of purchase, the Specific Weighted Value for that claim will be determined by the average Weighted Value for all products claimed times ten.*

Detailed information regarding how your settlement award will be calculated can be found in the Settlement Agreement.

1) **Products:** Brightcider, Ginja Ninja, Made Marion, Outcider, Pacific Pineapple, Cherried Away, Cot in the Act, Sun's Out Saison, Rhubarbarian, or Prickly Pearadise.

Number of 6 Pack Cans Purchased _____ Number of 500 mL Bottles Purchased _____

2) **Products:** Serious Scrumo, Imperial Hop Stalk, Bad Apple, Nice & Naughty, or Pearadise.

Number of 500 mL Bottles Purchased _____

Total Number of Products Claimed _____

3) State where claimed class products were purchased most frequently _____

If you are claiming more than 10 products, are you submitting supporting documentation? Circle: Yes or No

Section III: Claim Certification

I affirm under the laws of the United States that the information I have supplied in this claim form and any documentation that I am providing to support my claim are true and correct to the best of my knowledge. I understand that I may be asked to provide more information by the Settlement Administrator before my claim is deemed complete.

Signature: _____ **Date:** / /

Completion of this form does guarantee funds will be awarded to you. Awards will be determined at the sole discretion of the Settlement Administrator, and you may be required to provide additional information or documentation to support your claim.