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**IMPORTANT LEGAL
MATERIALS**

Bobbie Grayer v. Sara Lee Frozen Bakery, LLC, No. 2022LA000002 (Ill. Cir. Ct. - Madison Cty.)

CLAIM FORM

GENERAL INSTRUCTIONS

To make a claim under the Settlement, you must complete this form and submit it online, via electronic mail, or mail it to the address at the bottom of this form. Your Claim Form must be received by the Settlement Administrator by 11:59 p.m., Central Time, on October 11, 2022. The information will not be disclosed to anyone other than the Court, the Settlement Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement (such as to audit and review a claim for completeness, truth, and accuracy).

You can submit a Claim for a Settlement Benefit payment under this Settlement if you purchased any Sara Lee Frozen Bakery, LLC branded Products in the United States, except for purposes of resale, between April 27, 2017, and July 29, 2022, which contained the phrase "All Butter Pound Cake" on the labeling, including those Products listed in the Complaint.

Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form. Completed Claim Forms must be mailed to the Settlement Administrator at Kroll Settlement Administration LLC, Grayer v. Sara Lee c/o Kroll Settlement Administration LLC, P.O. Box 5324 New York, NY 10150-5324, or can be submitted via the Settlement Website, www.buttercakesettlement.com. **Claim Forms must be POSTMARKED or SUBMITTED ONLINE NO LATER THAN October 11, 2022 at 11:59 p.m., Central Time.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Long Form Notice ("the Notice") available at www.buttercakesettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

If you fail to timely submit a Claim Form, you may be precluded from any recovery from the Settlement fund. If you are a member of the Settlement Class and you do not timely and validly seek to Opt-Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. You can submit one Claim Form per Household (*i.e.*, the same mailing address, same payment account, or other evidence of sharing a residence). To receive the most current information and regular updates, please submit your Claim Form on the Settlement Website at www.buttercakesettlement.com.

NOTE: If you wish to receive payment electronically, you must complete the Claim Form online at www.buttercakesettlement.com.

SECTION 1: CLAIMANT INFORMATION

First Name M.I. Last Name

Street Address

City State Zip Code

Email Address @

(____) _____ - _____
Phone Number



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Page 1 of 3



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SECTION 2: CLAIM AND POTENTIAL CASH BENEFIT

Option A: I purchased, but I *do not* have Proof of Purchase.

For Settlement Class Members who purchased Sara Lee Frozen Bakery, LLC All Butter Pound Cake Products during the Class Period and do not have a valid Proof of Purchase, please complete the following information. You will receive up to \$1.00 per Product, up to a *maximum* of 5 units or \$5.00 maximum per Household. You may receive a *minimum* payment of \$3.00 per Household for a claim of one (1) to three (3) units. But, your payment amount could be less than \$5.00 depending on a number of factors including how many valid Claims are actually submitted.

1. How many Products did you purchase? _____

2. Approximate month(s) and year(s) of purchases:

Month / Year	Month / Year	Month / Year	Month / Year
____ / ____	____ / ____	____ / ____	____ / ____
____ / ____			

3. Please identify the store(s) where you purchased the product(s):

Option B: I purchased, and I *do* have Proof of Purchase.

For Settlement Class Members who purchased the Sara Lee Frozen Bakery, LLC All Butter Pound Cake Products during the Class Period and have a valid Proof of Purchase, you may receive up to a maximum of \$1.00 per Product, up to a *maximum* of 20 Products or \$20.00 maximum per Household. You may receive a *minimum* payment of \$3.00 per Household for a claim of one (1) to three (3) units. However, your payment amount may be less than \$20.00 depending on a number of factors including how many valid Claims are actually submitted.

“Proof of Purchase” means a receipt, copies of receipts, paid invoices, or other similar types of documentation evidencing the purchase of Products from either Sara Lee, distributor, or authorized retailer by the Settlement Class Member during the Class Period.

1. How many Products did you purchase? _____

2. Approximate month(s) and year(s) of purchases:

Month / Year	Month / Year	Month / Year	Month / Year
____ / ____	____ / ____	____ / ____	____ / ____
____ / ____	____ / ____	____ / ____	____ / ____
____ / ____	____ / ____	____ / ____	____ / ____
____ / ____	____ / ____	____ / ____	____ / ____
____ / ____	____ / ____	____ / ____	____ / ____



5 5 7 8 5 0 0 0 0 0 0 0

3. Please identify the store(s) where you purchased the product(s):

Multiple horizontal lines for writing the store name(s).

4. Please attach Proof(s) of Purchase, reflecting proof for each product you purchased.

SECTION 3: SIGN AND DATE THE AFFIRMATION BELOW

I hereby certify under penalty of perjury that:

- 1. I have read the Settlement Agreement and agree to its terms, including the Release(s);
- 2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
- 3. The additional documentation information provided to the Settlement Administrator to support my Claim is original or else a complete and true copy of the original(s);
- 4. I am a member of the Settlement Class and did not request to Opt-Out from the Settlement Class;
- 5. I have not already entered into a Settlement for any of the Claims set forth in this Claim Form;
- 6. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee, principal, legal representative, successor, or an assign of Defendants or their affiliated entities; (c) a government entity; nor (d) a judge to whom this Action is assigned, or any member of the judge’s immediate family, counsel to the Parties; Mediator Andersen or employees of any of the foregoing;
- 7. I have not submitted any other Claim for the same purchases and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
- 8. No other Person in my Household has submitted a Claim under this Settlement;
- 9. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
- 10. I understand that by submitting this Claim Form, the effect is the same as if I have given a complete Release of all settled Claims; and
- 11. I understand that Claims will be audited for veracity, accuracy, and fraud. Claims Forms that are not valid and/or illegible can be rejected.

Signature: _____ Dated: ____ / ____ / ____
mm/dd/yyyy