

CLAIM FORM AND INSTRUCTIONS

In order for you to qualify to receive a payment related to *In Re: Scotts EZ Seed Litigation*, as described in the Notice of this Settlement (the "Class Notice"), you must file a Claim Form in the attached form either in paper or electronically on the Settlement Website at www.GrassSeedSettlement.com to substantiate your claim.

REQUIREMENTS FOR FILING A CLAIM FORM

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all required portions of the attached Claim Form.
2. You must sign this Claim Form, which includes the Certification. If you file a Claim Form electronically, your electronic signature and submission of the form shall have the same force and effect as if you signed the form in hard copy.
3. By signing and submitting the Claim Form, you are certifying under penalty of perjury (A) that you purchased Scotts Turf Builder EZ Seed® ("Scotts EZ Seed") from January 1, 2009 through September 30, 2014, bearing the claim "50% Thicker With Half The Water* *Versus ordinary seed when each was watered at half the recommended rate. Results may vary," and (B) that such purchase was made in New York or California.
4. You must submit a Proof of Purchase reflecting the purchase price with Your Claim Form to receive a full monetary refund of the actual purchase price for up to six units. Alternatively, if you provide proof of purchase without a purchase price, Scotts will refund you fifteen dollars (\$15.00) per unit for up to six units. For Settlement Class Members without Proof of Purchase, Scotts will refund fifteen dollars (\$15.00) for each Scotts EZ Seed Product up to a maximum of three units. Proof of Purchase may take the following forms: (A) the receipt or invoice issued for your purchase of Scotts EZ Seed; or (B) other documentation showing the actual price paid for the Scotts EZ Seed you purchased.
5. You have two ways to complete and submit a Claim Form:

(A) you may MAIL the completed and signed Claim Form and Certification by First Class U.S. Mail, postage prepaid, postmarked no later than December 4, 2018 to:

**Scotts EZ Seed Litigation
c/o Claims Administrator
PO Box 8748
Philadelphia, PA 19101-8748**

Or (B) you may complete and submit the Claim Form and Certification on-line using the Settlement Website at www.GrassSeedSettlement.com. If you file an electronic Claim Form and have Proof of Purchase, you must either upload your Proof of Purchase on the Settlement Website, or send your Proof of Purchase to the Claims Administrator via e-mail at info@GrassSeedSettlement.com or via U.S. Mail at the Claims Administrator's address above.

6. Your failure to complete and submit the Claim Form using the Settlement Website by December 4, 2018, or by mail postmarked by December 4, 2018, will preclude you from receiving any payment in this Settlement. If you submit by mail, you are advised to use (but are not required to use) certified mail, return receipt requested so that you will have a record of the date of mailing.
7. Members of the same household may only submit a single Claim Form.

Submission of this Claim Form does not assure that you will share in the payments related to *In Re: Scotts EZ Seed Litigation*. If the Claims Administrator determines that your claim may be invalid, the Claims Administrator may reject your claim subject to your right to present information to dispute the Claims Administrator's finding. For more information on this process, see Paragraph 70 of the Settlement Agreement, which is available at www.GrassSeedSettlement.com.



Class Member ID: 3099500000000

MUST BE SUBMITTED
NO LATER THAN,
DECEMBER 4, 2018

In Re: Scotts EZ Seed Litigation
CLAIM FORM

For Office Use Only

Please print or type

I, _____, state as follows:

*Name: _____		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>
*Street Address: _____		
*City: _____		
*State: _____	*Zip Code: _____	(zip4 optional)
*Email Address: _____		@ _____ .
Telephone Number (Day) (optional): (_____) - _____ - _____		
Telephone Number (Night) (optional): (_____) - _____ - _____		
Variety of EZ Seed Purchased (optional): _____		

IDENTITY OF CLAIMANT (Check appropriate box)

- Individual
- Legal Representative (attach information showing authority to submit claim)
- Other (specify, describe on separate sheet)

CERTIFICATIONS*

I have read and am familiar with the contents of the Instructions accompanying this Claim Form and I certify under penalty of perjury that the information I have set forth in the foregoing Claim Form and in documents attached by me are true, correct and complete to the best of my knowledge.





Class Member ID: 3099500000000

I certify that I purchased Scotts Turf Builder EZ Seed® in California or New York from January 1, 2009 through September 30, 2014, inclusive, bearing the claim “50% Thicker With Half The Water* *Versus ordinary seed when each was watered at half the recommended rate. Results may vary.” Examples of the Scotts Turf Builder EZ Seed® products at issue are pictured below:



***I purchased _____ (number of) package(s) of Scotts Turf Builder EZ Seed® in California or New York from January 1, 2009 through September 30, 2014, inclusive, bearing the claim “50% Thicker With Half The Water* *Versus ordinary seed when each was watered at half the recommended rate. Results may vary.”**

***State of purchase: _____ (provide two-letter State abbreviation)**

- Please note that if you are seeking a full refund (up to six units), you must submit your Proof of Purchase, such as receipts or invoices.
- For Settlement Class Members without Proof of Purchase, Scotts will refund fifteen dollars (\$15.00) for each Scotts EZ Seed Product up to a maximum of three units.

I am not an officer, director, agent, servant or employee of The Scotts Miracle-Gro Company, Inc. or any related entity thereof; a judge in this lawsuit; or an immediate family member of such persons; I did not purchase Scotts EZ Seed for resale or distribution to others; and I have not requested exclusion from the Settlement.

I certify under penalty of perjury under the laws of the United States that all of the information provided on this Claim Form is true and correct to the best of my knowledge this _____ day of _____, 2018.

SIGNATURE: _____	PRINTED NAME: _____
DATED: ____ / ____ / ____	

If the Claimant is other than an individual, or if the Claimant is not the person completing this form, the following must also be provided:

NAME OF PERSON SIGNING: _____
CAPACITY OF PERSON SIGNING (EXECUTOR, PRESIDENT, TRUSTEE, ETC.): _____
DATED: ____ / ____ / ____

ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE.

Reminder Checklist:

1. Please sign the above Claim Form.
2. Enclose a copy of your Proof(s) of Purchase, if you have them, along with the Claim Form.
3. Keep a copy of your Claim Form and supporting documentation for your records.
4. If you move or your name changes, please send your new address, new name or contact information to Heffler Claims Administration via the Settlement Website, mail or by calling the Claims Administrator’s toll-free telephone number, each listed in the Notice.

*Fields or Sections are Required to be Completed.

