Dr. Squatch Settlement Administrator
P.O. Box 1389
Baton Rouge, LA 70821

Your Claim Form Must Be Postmarked On or Before 11/27/2026

Guzman et al. v. Dr. Squatch, LLC

Superior Court of California, Los Angeles, Case No. 25STCV03523

Claim Form

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

GENERAL CLAIM FORM INFORMATION

If you purchased one or more Products in the United States between November 1, 2018 and August 29, 2026 (**"Settlement Class"**), then you may be eligible to receive benefits from this Settlement. Each Household is limited to, and may only submit, a single Claim Form and is subject to the limits for a single Class Member. Excluded from the Settlement Class are all Persons who purchased or acquired the Product for resale. See the Settlement Website, www.PersonalCareProductsSettlement.com, for a full list of exclusions.

"**Household**" means all Persons residing at the same physical address.
"**Product**" and/or "**Products**" means all products manufactured, sold, or distributed by Dr. Squatch currently or in the past that contain the statement "natural" on the Products' labeling. A complete list of Products is available on the Settlement Website, www.PersonalCareProductsSettlement.com.
"**Proof of Purchase**" means a point of purchase receipt from a third-party retail source (including physical and on-line retail sources) that reasonably establishes the fact and date of purchase of the Product during the Class Period in the United States.

Please read the full notice of this Settlement at www.PersonalCareProductsSettlement.com carefully before filling out this Form.

To participate, you must fill this Claim Form out completely and mail it to **Dr. Squatch Settlement Administrator, P.O. Box 1389, Baton Rouge, LA 70821**. This Claim Form must be postmarked no later than **November 27, 2026**. If you provide incomplete or inaccurate information, your claim may be denied.

Keep a copy of your completed Claim Form for your records. Any Proof of Purchase or other documents you submit with your Claim Form cannot be returned.

If your Claim is rejected for any reason, the Settlement Administrator will notify you of the rejection and the reasons for such rejection.

Part A: Claimant Information

First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Mailing Address: Street Address/ P.O. Box (include Apartment/Suite/Floor Number) _____

City _____ State _____ Zip Code _____

Email Address _____

Contact Phone Number _____ - _____ - _____

Claim Form

Part B: Purchase Information

For a complete list of Products included in the Settlement, visit www.PersonalCareProductsSettlement.com.

You may claim up to five (5) Products without Proof of Purchase. You can claim up to twenty (20) Products with Proof of Purchase. Your claim can include purchases both with and without Proof of Purchase.

Settlement Benefits available to Class Members:
Subject to the total dollar cap in Settlement Benefits as provided in Section 2.48 of the Settlement Agreement, each Settlement Class Member who submits a Valid Claim, as determined by the Settlement Administrator, shall receive a Settlement Benefit as follows:
a. A Settlement Class Member who submits a Valid Claim with Proof of Purchase shall receive a payment of $0.50 per Product for which Proof of Purchase is provided, up to a maximum of twenty (20) units.
b. A Settlement Class Member who submits a Valid Claim without Proof of Purchase shall receive a payment of $0.50 per Product, up to a maximum of five (5) units.
c. Claims with Proof of Purchase and without Proof of Purchase shall be cumulative. For example, if a Claimant makes a Valid Claim for twenty units with Proof of Purchase and for five units without Proof of Purchase, that Claimant shall receive compensation for twenty-five units for $12.50.

Should the total dollar value of Valid Claims submitted exceed, or be less than, the Settlement Amount, the Settlement Benefit of $0.50 per Product will be adjusted on a pro-rata basis.

Total Number of Class Products

Write the **total number** of Products you purchased in the United States between November 1, 2018 and August 29, 2026 in the chart below:

Products Purchased	Check all that apply	Quantity of Products
Products with Proof of Purchase	☐	
Products without Proof of Purchase	☐	

***Failure to include Proof of Purchase for claims for which a Proof of Purchase is required will result in the reduction of your claims.**

***Submission of false or fraudulent information will result in the claim being rejected in its entirety.**

Part C: Attestation Under Penalty of Perjury

I declare under penalty of perjury under the laws of the United States of America that I purchased the Products indicated between November 1, 2018 and August 29, 2026, and that all of the information on this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review and that I may be required to provide additional information to establish that my claim is valid. I also understand that by submitting this claim, I am releasing all Released Claims, as detailed in the Settlement Agreement and Long Form Notice, available for review at www.PersonalCareProductsSettlement.com.

Signature: _____ **Date:** ____ / ____ / _____

REMINDER CHECKLIST

Before submitting this Claim Form, please make sure you:

1. Complete all fields in the Claimant Information section of this Claim Form in Part A.
2. Complete Part B, indicating the number of Products you purchased and enclosing your Proof of Purchase, if available.
3. Sign the Attestation under penalty of perjury in Part C. You must sign the Attestation to be eligible to receive benefits.
4. Keep a copy of your Claim Form and supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please complete the online Claim Form or mail this Claim Form via Certified Mail, Return Receipt Requested.
6. If you move or your name changes, please email your new address, new name or contact information to info@PersonalCareProductsSettlement.com.

Keep a copy of your Claim Form for your records.