

CLAIM FORM

INSTRUCTIONS:

1. To be eligible for monetary relief, you must complete this Claim Form and return it to the Settlement Administrator **postmarked on or before November 18, 2015** at: Templeton Rye Settlement, c/o Dahl Administration, P.O. Box 3614, Minneapolis, MN 55403-0614 or fill in the online version of this form **no later than November 18, 2015** at www.TempletonRyeSettlement.com.
2. Your completed Claim form must include your full name and address, complete responses to the appropriate purchase questions, copies of your proof of purchase documents if you have them, and your signature.
3. Only one claim may be submitted per household. The maximum payment for a valid claim is \$36, subject to a possible reduction if a large number of claims are filed.
4. Do not file a claim for bottles of Templeton Rye that were purchased and later resold. These purchases are not eligible for a claim.
5. If you submit a valid claim form and the Court grants final approval to the Settlement, a check will be mailed to the address you supply on your Claim Form. If your address changes before you receive payment, you must notify the Settlement Administrator by e-mail at, or by phone at 1-888-745-2747.
6. If you have questions, visit www.TempletonRyeSettlement.com or contact the Settlement Administrator at 1-888-745-2747.

Potential Benefits: For each bottle of Templeton Rye that you purchased between January 1, 2006 and July 21, 2015 — up to six bottles—you are entitled to a payment of \$6 if you submit proof of purchase, or \$3 if you do not submit proof of purchase. For each drink containing Templeton Rye—up to five drinks—that you purchased at a retail establishment between January 1, 2006 and July 21, 2015, you are entitled to a payment of \$1.

CLAIMANT INFORMATION:

Last Name of Class Member										First Name					Middle Initial				

Current Mailing Address of Class Member																			

City										State		Zip Code							

Phone Number																			

CLAIM FORM

PURCHASE INFORMATION:

1. I purchased _____ (check appropriate number below) bottles of Templeton Rye between January 1, 2006 and July 21, 2015:

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

Identify the State(s) in which you purchased bottles of Templeton Rye:

2. I have attached proof[s] of purchase (such as a receipt, credit card statement, or a label with a UPC code) to this Claim Form for _____ (check appropriate number below) bottles of Templeton Rye that I purchased between January 1, 2006 and July 21, 2015:

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

3. I purchased _____ (check appropriate number below) drinks containing Templeton Rye on premise at a retail establishment (such as a bar or restaurant) between January 1, 2006 and July 21, 2015:

- 0
- 1
- 2
- 3
- 4
- 5 or more

Identify the State(s) in which you purchased drinks containing Templeton Rye:

CLAIM AFFIRMATION:

By signing this Claim Form I affirm, under penalty of perjury, that I purchased Templeton Rye between January 1, 2006 and July 21, 2015, and that all information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature of Claimant or Representative (if Company)

Date

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