## <u>CLAIM FORM – NIVEA GOOD-BYE CELLULITE PRODUCTS</u> <u>AND MY SILHOUETTE! SETTLEMENT</u>

## (FOR COUPONS ONLY)

Please fill out the information below completely and legibly. If the information you provide is incomplete, illegible, or inaccurate, your claim may be rejected in whole or in part. A coupon will be sent to the person whose name appears on the claim form.

Name			
Address			
City	State	Zip	
( ) Telephone Nu	mber		
1. Comple	ete the chart below.		
	Identify and Li Product(s) Purch (NIVEA Good-Bye Cellu Cream, NIVEA Good Cellulite Gel Patches, I Good-Bye Cellulite 30-D Beauty Program, NIVEA Bye Cellulite Fast Acting and NIVEA My Silhot Redefining Gel Crea	ased ulite Gel l-Bye NIVEA Day Body A Good- g Serum uette!	

- 2. Please answer the following questions, which apply only to purchases of NIVEA Good-Bye Cellulite products and not to purchases of NIVEA My Silhouette! Redefining Gel Cream products:
  - A. I purchased one or more Good-Bye Cellulite products in California or Florida on or before February 15, 2011.

Yes	
No	

В.	I previously submitted a claim for the purchase of one or more Good-Bye Cellulite products in the settlement of cases captioned <i>Phillips v. Beiersdorf North America, Inc. and Beiersdorf, Inc.</i> , No. 3:09-cv-1891-CFD (D. Conn.) and <i>Wiener v. Beiersdorf North America, Inc. and Beiersdorf, Inc.</i> , No. 3:10-cv-159-CFD (D. Conn.).		
	Yes No		
C.	If your answer to 2.A or 2.B is "Yes," please circle, on the chart above, which of your purchases were made before February 15, 2011 and/or for which purchases you submitted a claim. You are not entitled to a recovery under this settlement for those products that you circle.		
I DECLARE UNDER PENALTY OF PERJURY THAT I PURCHASED THE PRODUCTS LISTED ABOVE <u>AND</u> THAT ALL OF THE INFORMATION I HAVE PROVIDED IN THIS DOCUMENT IS TRUE AND CORRECT.			
Signature:	Executed on: [INSERT DATE]		
Mail this Clai	m Form to the following address:		
	GBC MS Settlement Administrator c/o Strategic Claims Services 600 N Jackson Street – Suite 3		

YOUR CLAIM FORM MUST BE POSTMARKED ON OR BEFORE  $\underline{MAY 31, 2012}$ .

Media, PA 19063.