

CLAIM FORM

**TO SUBMIT A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS CLAIM FORM ON
OR BEFORE JANUARY 8, 2021.**

THIS CLAIM FORM SHOULD BE SUBMITTED TO:

**WALMART WEIGHTED GOODS SETTLEMENT
C/O CLAIMS ADMINISTRATOR
P.O. BOX 3015
PORTLAND, OR 97208-3015**

You may be eligible to submit a Claim in the settlement of the lawsuit called *Vassilios Kukorinis, et al. v. Walmart, Inc.*, Case No. 1:19-cv-20592-JEM (United States District Court for the Southern District of Florida, Miami Division) if you are a member of the Settlement Class and submit a timely and valid Claim.

Under the Settlement, eligible Settlement Class Members may submit a Claim to receive a proportionate share of the Settlement proceeds. Members of the Settlement Class include “all persons who purchased Weighted Goods from Walmart in the United States during the period February 7, 2015 through August 26, 2020 whose Weighted Goods’ unit sale price was not accurately reflected in the final sale price.” “Weighted Goods” means beef, pork, poultry, fish and other types of goods marked with unit pricing and sold accordingly thereto.

Each Settlement Class Member may submit only one Claim, and each eligible Settlement Class Member who submits a timely and valid Claim may receive only one payment under the Settlement, no matter how many purchases of Weighted Goods may have been made during the Settlement Class Period. Additional information regarding the Settlement, Settlement benefits, and how to submit a Claim is provided in the Notice of Class Settlement, in the Settlement Agreement, and on the Settlement website: www.WalmartWeightedGoodsSettlement.com.

All fields must be fully and accurately completed, including the Acknowledgement at the end of the form. Failure to provide complete and accurate information could result in a denial of your Claim.

CLAIMANT INFORMATION:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Mailing Address	Unit/Apt	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	
Telephone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>	

Please complete the back of the Claim Form.

YOU MAY ONLY CHECK ONE BOX BELOW
PLEASE READ THESE OPTIONS CAREFULLY AND SELECT ONLY ONE OPTION

- Check this box if you believe you are a Settlement Class Member as defined in the Notice of Class Settlement and are eligible to participate in this Settlement.

I purchased (number) Weighted Goods between February 7, 2015 and August 26, 2020. Without giving any more information, you will be eligible for a refund up to \$10.00.

- Check this box if you have receipts for the Weighted Goods you purchased, and fill out the following information:

I purchased (number) Weighted Goods between February 7, 2015 and August 26, 2020. Those receipts are attached to this Claim Form I am submitting.

Based on this information, you will be eligible for a refund up to \$40.00.

- Check this box if you have the packaging for the Weighted Goods you purchased showing the inaccurate reduced price for the Weighted Goods, and fill out the following information:

The total refund I am requesting is \$ • which is based on the packaging showing the inaccurate reduced price for the Weighted Goods. That packaging is attached to this Claim Form I am submitting.

Based on this information, you will be eligible for a refund up to the amount you provided.

ACKNOWLEDGEMENT:

I affirm that the information I have provided on this Claim Form is true and correct to the best of my knowledge and this is the only Claim Form that I have submitted. I further understand, acknowledge, and agree that I am eligible to receive only **ONE** payment from this Settlement based on my eligibility as a Settlement Class Member.

I further understand, acknowledge, and agree that the amount I will receive shall be calculated in accordance with the terms of the Settlement Agreement and subject to the terms of the Settlement Agreement, including the Release of Claims as more fully described in the Settlement Agreement.

Signature:

Date: - -
MM DD YYYY