

Tuna End Purchaser Settlement
c/o JND Legal Administration
P.O. Box 91442
Seattle, WA 98111

TUNA END PURCHASER SETTLEMENT CLAIM FORM

Please complete each section of the Claim Form below by the initial claims date of **August 22, 2022**
in order to be eligible to receive a payment.

SECTION I: CONTACT INFORMATION

First Name		Last Name	
Street Address			
City		State	Zip Code
Email Address		Phone Number	

SECTION II: PURCHASE INFORMATION

**TOTAL NUMBER OF CANS OR POUCHES OF PACKAGED TUNA
purchased from June 1, 2011 to July 1, 2015:**

SECTION III: AFFIRMATION

I hereby affirm each of the following:

- I purchased one or more Packaged Tuna products from one of the Defendants—Tri-Union Seafoods LLC d/b/a Chicken of the Sea International and Thai Union Group PCL (collectively “COSI”), StarKist Company and its parent company, Dongwon Industries Co. Ltd (collectively “StarKist”) and Bumble Bee Foods, LLC (“Bumble Bee”) and its parent companies Lion Capital (Americas), Inc. (“Lion America”).
- My purchases were made from June 1, 2011 to July 1, 2015.
- I was residing in Arizona, Arkansas, California, the District of Columbia, Florida, Guam, Hawaii, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, or Wisconsin at the time of purchase.
- The cans or pouches I purchased were smaller than forty ounces.
- I used the purchases for end consumption and not for resale.
- The information provided in this Claim Form is true and correct to the best of my knowledge.
- I understand that the amount I receive will be calculated according to the terms of the COSI Settlement and that payments will be distributed after the Court grants “final approval” of the COSI Settlement and **after all remaining claims against the non-settling Defendants are resolved by judgment, settlement, or trial and all appeals are resolved.**
- I understand that claims will not be paid if the value is less than \$5.00.

Signature

Date

I would like to receive my payment:

By Check

By PayPal

Email, if different than Section I: _____