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Tangela Williams v. Family Dollar Stores, LLC, et al.
Case No. CV-2021-900022.00
Circuit Court
Barbour County, Alabama, Eufaula Division

For use by purchasers of Family Dollar brand ground coffee Product(s), including Chestnut Hill, between January 1, 2019, and April 15, 2025.

CLAIM FORM

GENERAL INSTRUCTIONS

Settlement Class Members who seek Coffee Product Vouchers from the Settlement must complete and return this Claim Form.

Completed Claim Forms must be mailed to the Settlement Administrator at Williams v. Family Dollar Settlement Administrator, c/o Epiq Global, PO Box 2030, Portland, OR 97208-2030 or can be submitted online via the Settlement Website, www.FDCoffeeSettlement.com. **Claim Forms submitted via mail must be RECEIVED ON OR BEFORE JULY 21, 2025 , OR SUBMITTED ONLINE NO LATER THAN JULY 21, 2025 AT 11:59 pm, Central Time.** The information will not be disclosed to anyone other than the Court, the Settlement Administrator, and the Parties in this case, and will be used only for purposes of administering this Settlement.

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (the “Notice”) available at **www.FDCoffeeSettlement.com**. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Release(s) included as a material term of the Settlement Agreement.

Only one Claim may be submitted per Household.

If you fail to submit a valid and timely Claim Form, your Claim may be rejected, and you may be precluded from any recovery from the Settlement fund. If you are a member of the Settlement Class and you do not timely and validly request to Opt Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form.

To receive the most current information, receive updates, and to file your Claim, please visit the Settlement Website at **www.FDCoffeeSettlement.com**.

Claimant Information

First Name:

[illegible]

MI:

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Last Name:

[illegible]

Address:

[illegible]

City:

[illegible]

State:

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ZIP Code:

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Daytime Phone Number:

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Evening Phone Number:

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E-mail Address:

[illegible]



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Please complete the attestation below.

The Settlement Benefit is available for Settlement Class Members who purchased Family Dollar proprietary brand ground coffee products, including all Chestnut Hill ground coffee products, including in 33.9-oz and 11.3-oz container sizes in a Family Dollar store in the United States during the Class Period. You do not require a Proof of Purchase. If you check the box below, then you may receive a voucher redeemable for the purchase of one (1) 9.6-oz. container of Chestnut Hill ground coffee.

Attestation

☐ I purchased one or more Products during the Class Period.

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of the Circuit Court for Barbour County, Alabama.

Certification under Penalty of Perjury

I hereby certify under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Release(s);
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
3. The additional information provided to the Settlement Administrator to support my Claim is an original or a complete and true copy of the original document;
4. I am a member of the Settlement Class and did not request to Opt Out from the Settlement Class;
5. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee, principal, legal representative, successor, or assign of Defendant or its affiliated entities; (c) a Person who has filed for exclusion from the Settlement Class; (d) counsel for the Parties; (e) a governmental entity; nor (f) a judicial officer or courtroom staff to whom this Action is assigned, or any member of the judge's immediate family;
6. I have not submitted any other Claim for the same purchases and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
7. No other Person in my Household has submitted a Claim under this Settlement;
8. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
9. I understand that by submitting this Claim Form, and if the Settlement is Finally Approved, I am deemed to have given a complete Release of all settled claims; and
10. I understand that Claims will be audited for veracity, accuracy and fraud. Illegible Claim Forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

Signature:

Date:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM			DD			YYYY			