

JOINT JUICE® NEW YORK SETTLEMENT – CLAIM FORM

Mail this completed form (and any proof of purchase) to:

Joint Juice New York Settlement
c/o JND Legal Administration
P.O. Box 91440
Seattle, WA 98111

Deadline to Submit (Postmarked or Online): May 15, 2026

You can also submit your Claim online at www.JointJuiceSettlement.com

Do I Need to Submit this Claim Form?

If you received a Postcard or Email Notice, it shows how many Joint Juice® Units you purchased and the estimated payment you will automatically receive if the Settlement is approved. **If you agree with that number, you do not need to do anything to receive your payment.**

You should submit this Claim Form only if:

1. You **did not receive** a Postcard or Email Notice and want to receive a payment; **or**
2. You **believe you purchased more Units** than shown in your Postcard or Email Notice and want to claim those additional Units.

1. Contact Information

Print your name and contact information below. All fields are required. Please print clearly. If you received a postcard or email, enter your Login ID and PIN that was printed on the postcard or email.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Login ID (if known)

PIN (if known)

Questions? Visit www.JointJuiceSettlement.com, Email info@JointJuiceSettlement.com, Call 1-888-921-0720

REMEMBER: THE DEADLINE TO SUBMIT YOUR CLAIM IS MAY 15, 2026

2. Your Joint Juice® Purchases

- **If you received a Postcard or Email Notice:** Only enter **the additional Units** you purchased that are **not listed** in your Notice.
- **If you did not receive a Notice:** Enter **the total number of Units** you purchased.
- A "Unit" means one full retail package (e.g., a 6-pack of 8-oz bottles, or one 1-liter bottle).
- **Estimated Payment:** \$50 per Unit.
- Only purchases made in **New York** from December 5, 2013 through December 28, 2021 are eligible.
- **No receipts are required** for up to 6 Units.
- **Proof of purchase** (e.g., receipt) is required if claiming **more than 6 Units**.

Total number of Units claimed: _____

❖ **Remember:** Claims for more than six (6) Units purchased must include proof of purchase.

The \$50 payment amount is only an estimate—it may go up or down depending on how many Claims are submitted and other details explained in the Settlement Agreement.

3. Choose How You Want to Be Paid

Select one payment option below.

☐

Electronic Check: Your payment will be emailed to the email address you provide in Section 1. Make sure the email address you provide is current and valid. If it changes, update your contact information with the Settlement Administrator.

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Physical Check: Your payment will be mailed to the mailing address in Section 1. Make sure your address is accurate and up to date. If it changes, update your contact information with the Settlement Administrator.

4. Signature

Please sign and date. Your signature confirms the information is true to the best of your knowledge.

Signature

Printed Name

Date

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