#### <u>In Re FieldTurf Artificial Turf Marketing and Sales Practices Litigation</u> <u>Claim Form</u>

After you complete and sign your Claim Form, submit it to the Claims Administrator as directed in the Instructions Booklet that accompanies this Claim Form.

To make a **Claim** you must complete and submit this Claim Form and any documentation required by the Settlement ("Supporting Documentation") to the Claims Administrator on or before **October 9, 2024**.

You can fill out and submit your Claim Form via mail or email to contact@FieldTurfClassAction.com. Go to www.FieldTurfClassAction.com for more information. All Forms must be submitted under penalty of perjury.

You will be allowed to make two types of Claims for Compensation.

"<u>Tier 1 Claims</u>" means a submission for a Class Payment by a Settlement Class Member which provides Qualifying Documentation with your Claim Form. Qualifying Documentation means a document (including emails, letters or formal complaints) reflecting a communication to FieldTurf or an authorized FieldTurf local representative or installer of a fiber-related complaint about your field(s) prior to December 1, 2016, or the expiration of the Class Member's applicable warranty, whichever is earlier. For the avoidance of doubt, a declaration attesting to complaints made shall not constitute Qualifying Documentation. Tier 1 Claimants may choose either a Cash Payment of \$7,500 or a Credit Award of \$50,000. Credit Awards may be applied against the purchase of a new FieldTurf field, FieldTurf-provided maintenance services, and/or FieldTurf-provided non-warranty repairs. A Class Member may only receive one Credit Award per Duraspine field and any Credit Award expires after three years from the Effective Date.

To be eligible for a Tier 1 Claim, you must not have been offered by FieldTurf and <u>accepted an offer</u> for (i) a full replacement of the applicable Duraspine field at no cost under warranty, or (ii) a discounted purchase of a new field with an upgraded fiber and a new eight-year warranty.

"<u>Tier 2 Claim</u>" means any submission for a Class Payment by a Settlement Class Member that does not meet the requirements of a Tier 1 Claim and is otherwise eligible. To be eligible for a Tier 2 Claim, the Settlement Class Member must not have received a full replacement of the applicable Duraspine field at no cost under warranty from FieldTurf. Tier 2 Claimants may choose either a Cash Payment of \$2,000 or a Credit Award of \$20,000. Credit Awards may be applied against the purchase of a new FieldTurf field, FieldTurf-provided maintenance services, and/or FieldTurf-provided non-warranty repairs. A Class Member may only receive one Credit Award per Duraspine field and any Credit Award expires after three years from the Effective Date.

## A. Claimant Information

Provide the following information about the entity on behalf of which you are filing this claim.								
Entity Name:								
Business Address:								
City:	State:	ZIP Code:						
Telephone Number:								
Contact Email:								

FOR MORE INFORMATION OR TO DOWNLOAD A COPY OF THE CLAIM FORM ONLINE VISIT WWW.FIELDTURFCLASSACTION.COM

# B. Field Claims: Tier 1 and Tier 2 Claims

Please list below the Name of Each Duraspine Field(s) Purchased (for Example John Smith Memorial Field) and Select your Tier Status.

Field Name and Address												
Field Name:												
Street Address:												
City:	State: ZIP Code:											
Tier Status Selection (Field 1) (CHECK ONLY ONE TIER A	ND AWARD)											
TIER 1 – See Section C Below	<b>TIER 2 – No Documentation (Please go to Section D)</b>											
Check One Box:	Check One Box:											
\$7,500 CASH Payment Award \$\$50,000 Credit Award	\$2,000 CASH Payment Award \$20,000 Credit Award											
Field Name and Address												
Field Name:												
Street Address:												
City:	State: ZIP Code:											
Tier Status Selection (Field 2) (CHECK ONLY ONE TIER A	ND AWARD)											
TIER 1 – See Section C Below	<b>TIER 2 – No Documentation (Please go to Section D)</b>											
Check One Box:	Check One Box:											
\$7,500 CASH Payment Award \$50,000 Credit Award	\$2,000 CASH Payment Award \$20,000 Credit Award											
Field Name and Address												
Field Name:												
Street Address:												
City:	State: ZIP Code:											
Tier Status Selection (Field 3) (CHECK ONLY ONE TIER A	ND AWARD)											
TIER 1 – See Section C Below	TIER 2 – No Documentation (Please go to Section D)											
Check One Box:	Check One Box:											
\$7,500 CASH Payment Award \$50,000 Credit Award	\$2,000 CASH Payment Award \$20,000 Credit Award											

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### **C. Documentation Required for a Claim**

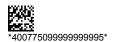
In addition to this Sworn Claim Form, if you have chosen to make a Tier 1 Claim, please include Qualifying Documentation. This means a document (including emails, letters or formal complaints) reflecting a communication to FieldTurf, or an authorized FieldTurf local representative or installer, of a fiber-related complaint about your field(s) prior to December 1, 2016, or the expiration of the Class Member's applicable warranty, whichever is earlier. For the avoidance of doubt, a declaration attesting to complaints made shall not constitute Qualifying Documentation. If you fail to include appropriate documentation, your claim will be relegated to a Tier 2 Claim.

## **D. Payment Information**

All payments for approved claims will be made via physical check or Automatic Clearing House ("ACH," a/k/a direct deposit) to the Business Name Listed in Section A above. If, **AND ONLY IF**, you would like an ACH Transfer to your business instead of a check, please provide the required information below. Otherwise, leave this section blank.

ACH Transfer:

				-																	
Routing/ABA Number:																					
Account Number:																					
Confirm Account Number:																					
Aco	cour	nt Ty	pe:		Che	ckin	ıg		] Sa	avin	gs										



## E. Signature

**I certify and declare under penalty of perjury** pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge.

I certify that I am authorized to act on behalf of the entity submitting this Claim Form.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature	Date: MM – DD – YYYY
Drinted Name	
Printed Name	
Title	
An authorized representative must sign this Claim Form personal	ly.