

**IMPORTANT LEGAL MATERIALS**



**FOR OFFICIAL USE ONLY**

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<input type="checkbox"/>	If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_\_

**IOVATE SETTLEMENT CLAIM FORM**

To receive a payment, you must accurately complete this Claim Form and submit it **NO LATER THAN MONDAY, FEBRUARY 8, 2016**.  
**Failure to do so could result in a reduction or denial of your claim.**

CLASS MEMBER INFORMATION					
Name:					
Mailing Address:					
City:		State:	____	Zip Code:	____
Telephone:	( ____ ) _____ - _____	Email Address (optional):			

**Claim Option**

- File Claim With Receipt to Recover Full Purchase Price Up To \$300 Per Household (must submit valid receipt)**
  
- File Claim With Proof of Purchase to Recover Suggested Retail Price Up to \$300 Per Household (must submit valid proof of purchase).**
  
- File a Claim With No Receipt or Proof of Purchase to Recover \$10 Per Product Up to \$50 Per Household.**

**PURCHASE INFORMATION (For purchases made between March 10, 2011 and Monday, November 10, 2015)**

BRAND	PRODUCT	NUMBER PURCHASED	COST (FOR CLAIMS WITH RECEIPT)
Six Star	Whey Protein Plus Elite Series		
Six Star	Whey Protein Plus Professional Strength Elite Series		
Six Star	Whey Protein Isolate Elite Series		
Six Star	Whey Protein Isolate Professional Strength Elite Series		
Six Star	Casein Elite Series		
Six Star	Casein Professional Strength Elite Series		
Six Star	Muscle Building Milkshake Elite Series		



