

CLAIM FORM		
<p>Must be <u>received online</u> or <u>postmarked if mailed</u> no later than April 6, 2018.</p>	<p>Canadian Baby Bedtime Settlement Nelson P.O. Box 20187 - 322 Rideau Street Ottawa, ON K1N 5Y5 Toll-Free: 1-844-562-4215 Fax: 1-866-262-0816 Website: www.babybedtimesettlement.ca</p>	<p>All Sections of the Claim Form must be completed.</p>

You can claim online at: www.babybedtimesettlement.ca

Section I - Class Member Information

Claimant Name:

Street Address:

City:

Province:

Postal Code:

Email:

Preferred Phone Number:

Section II – Covered Products Included in this Settlement

Covered Products that may be included on a valid Claim Form are the Johnson’s Baby BEDTIME Lotion, Johnson’s BEDTIME Baby Lotion, Johnson’s Baby BEDTIME Bath, Johnson’s BEDTIME Baby Bath, Johnson’s BEDTIME Bubble Bath, Johnson’s Baby BEDTIME Bubble Bath and Wash, Johnson’s Baby BEDTIME Wash, Johnson’s BEDTIME Baby Moisture Wash and Johnson’s BEDTIME Touch Massage Gel, that were labeled, marketed and/or advertised as “clinically proven [to] help baby sleep better” or to be used as part of a “bedtime” or “nighttime” routine, sold within Canada, since **July 1, 2010**. Covered Products does not include the revised Bedtime Product labels that state on the front “clinically proven routine to help baby sleep better” or words to that effect.

Section III – Purchase and Product Information

A Settlement Class Member is eligible to obtain \$3.00 CAD for each purchase of a Covered Product for up to 5 Covered Products purchased during the Class Period (up to \$15.00 CAD per person) without proof of purchase. Settlement Class Members residing at the same civic address cannot claim for more than 5 Covered Products. However, the actual amount paid to individual claimants will depend upon the number of valid claims made.

Covered Product(s) Purchased (fill in all that apply)	Location of Purchase (Store, City and Province)	Number Purchased
<ul style="list-style-type: none"> • Johnson’s Baby BEDTIME Lotion 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s BEDTIME Baby Lotion 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s Baby BEDTIME Bath 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s BEDTIME Baby Bath 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s BEDTIME Baby Bubble Bath 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s Baby BEDTIME Bubble Bath and Wash 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s Baby BEDTIME Wash 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s BEDTIME Baby Moisture Wash 	STORE: _____ CITY/PROVINCE: _____	_____
<ul style="list-style-type: none"> • Johnson’s BEDTIME Touch Massage Gel 	STORE: _____ CITY/PROVINCE: _____	_____

YOU MUST COMPLETE AND SIGN THIS CLAIM FORM.

Section IV – Required Affirmation

With my signature below, I affirm that the information in this Claim Form is true and correct to the best of my knowledge, and that I purchased the Covered Products claimed above during the Class Period for personal or household use and not for resale, and that the purchase(s) occurred in Canada. I understand that my Claim Form may be subject to audit, verification and review.

SIGNATURE: _____

DATE: _____

All Claim Forms must be postmarked if mailed, electronically submitted online, or faxed no later than **April 6, 2018** to:

Canadian Baby Bedtime Settlement
Settlement Administrator
Nelson P.O. Box 20187- 322 Rideau Street
Ottawa, ON K1N 5Y5
www.babybedtimesettlement.ca
Fax: 1-866-262-0816