

IMPORTANT LEGAL MATERIALS



<<Name 1>>
<<Name 2>>
<<Name 3>>
<<Name 4>>
<<Address 1>>
<<Address 2>>
<<City>> <<State>> <<Zip 10>>
<<CountryName>>

FOR OFFICIAL USE ONLY

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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:

Name: _____
Address: _____
City: _____
State: ____ Zip Code: _____

CLAIM FORM

If you submitted a claim last year in the prior DFA/DMS settlement, and wish to receive payment from this settlement, you do not need to submit a new claim.

If you did not submit a claim in the 2014 DFA/DMS settlement, and wish to ask for a payment now, complete and submit a Claim Form.

Claims must be postmarked no later than April 29, 2016.

*Allen v. Dairy Farmers of America, Inc.,
No. 5:09-CV-230*

You may be eligible to receive a payment from a settlement reached with Dairy Farmers of America, Inc. ("DFA"), and Dairy Marketing Services, LLC ("DMS") if your farm produced and pooled raw Grade A milk in Federal Milk Market Order 1 ("Northeast").

GENERAL INSTRUCTIONS

- A. If you did not previously submit a claim and wish to receive a payment from the Settlement with DFA and DMS, you must complete and return this Claim Form so that it is postmarked no later than April 29, 2016 to the following address:

**Northeast Dairy Farmer Settlement
PO Box 2958
Faribault MN 55021-2958**
- B. In Section 2 you must provide the total amount of raw Grade A milk that your farm produced and pooled in Order 1 at any time from January 1, 2002 to December 31, 2014. Order 1 includes the states of Connecticut, Delaware, Massachusetts, New Hampshire, New Jersey, Rhode Island, Vermont and the District of Columbia and certain counties, cities and townships within the states of Maryland, New York, Pennsylvania and Virginia. For specific information on whether your farm is located in Order 1, please visit the website: www.NortheastDairyClass.com.
- C. Unless you already submitted a Claim Form in connection with the prior DFA/DMS Settlement, you must complete and sign your Claim Form.
- D. For those Class Members who have not already submitted a claim, but wish to do so now, Claim Forms must be postmarked by April 29, 2016; late forms may be rejected and you may not receive a payment.
- E. Submission of a Claim Form does not guarantee you will receive a payment from the Settlement.

1. CLASS MEMBER INFORMATION - Please type or neatly print all information.

Last Name: _____ First Name: _____

Address Number or P.O. Box: _____ Street or Road: _____

City: _____ State: ____ Zip Code: _____





FARM INFORMATION

Farm Name: _____

Specify ownership info: Individual(s) Corporation Cooperative Other: _____

Name of County in which Farm is located: _____

FARM ADDRESS - Check if Farm Address is the same as address above.

Farm Address Number or P.O. Box: _____ Farm Street or Road: _____

City: _____ State: _____ Zip Code: _____

2. TOTAL AMOUNT OF RAW GRADE A MILK

Below, please indicate the total number of pounds of Raw Grade A Milk your farm produced and pooled in Federal Milk Market Order 1 from January 1, 2002 until December 31, 2014.

Note: Amount of Raw Grade A Milk should be claimed in pounds not in hundredweight. (Example: 12,345/cwt. of raw Grade A milk should be entered as 1,234,500 pounds below.)

Total Number of Pounds of Raw Grade A Milk: _____, _____, _____, _____

Note: You can obtain information on the total number of Pounds of Raw Grade A Milk from your milk checks, year-end statements, or by contacting your handler or cooperative. Many farmers received the relevant information from their handlers and cooperatives last year. If you have any questions regarding how to obtain information for completing your claim form, please visit www.NortheastDairyClass.com or call 1-855-460-1533.

3. REQUEST FOR FEDERAL TAXPAYER IDENTIFICATION NUMBER ("TIN")

If your payment is over \$600.00 and you do not provide a valid TIN for the person or entity to which the check will be issued, you will be subject to a withholding of taxes of 28% of the amount of your payment.

Enter Taxpayer Identification Number "TIN" on the appropriate line.

For individuals, this is your Social Security Number ("SSN")

For sole proprietors, you must show your individual name, but you may also enter your business or "doing business as" name. You may enter either your SSN or your Employer Identification Number ("EIN")

For other entities, it is your EIN.

Social Security Number (for individuals)

Employer Identification Number

OR

If you are exempt from backup withholding, enter your current TIN above and write "exempt" on the following line:

UNDER THE PENALTY OF PERJURY, I (WE) CERTIFY THAT:

- 1. The number shown on this form is my current TIN; and
- 2. I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Service (IRS) because: (a) I am (we are) exempt from backup withholding; or (b) I (we) have not been notified by the IRS that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding.

Note: If you have been notified by the IRS that you are subject to backup withholding, please strike out the language that you are not subject to back up withholding in the certification above. The IRS does not require your consent to any provision other than the certification required to avoid backup withholding.



4. RELEASE OF CLAIMS AND COVENANT NOT TO SUE

If this settlement is approved by the Court, you will not be able to sue DFA and DMS, as well as their members, partners, and certain related entities, for the claims in this suit or related claims. You should carefully review a full copy of the Release of Claims to make sure you understand what you are giving up. The "Release of Claims" is described more fully in the Settlement Agreement. The Settlement Agreement is available at www.NortheastDairyClass.com.

5. CERTIFICATION

I certify under penalty of perjury that the information above is true and correct and the submission of false information may subject me to civil and/or criminal penalties.

Signature: _____ Print Name/Capacity of person signing: _____

Farm Name: _____ Date: ____ / ____ / ____

PLEASE NOTE: All information provided on this Claim Form will be used solely for the administration of this Settlement and will remain confidential.

If you have any questions, please call 1-855-460-1533