

Michael Dinges v. Stanley Black & Decker, Inc.

Case No. 2116-CV12037

Circuit Court for Jackson County, Missouri

For use by purchasers of DEWALT, Porter Cable, and Black & Decker brand organic bonded abrasive wheels (the "Covered Products") between June 7, 2015 and February 7, 2022.

CLAIM FORM

GENERAL INSTRUCTIONS

Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form. Completed Claim Forms must be mailed to the Settlement Administrator at Dinges v. Stanley Black & Decker, P.O. Box 26170, Santa Ana, CA 92799, or can be submitted online via the settlement website, www.BondedAbrasiveWheelSettlement.com. **CLAIM FORMS SUBMITTED BY MAIL MUST BE POSTMARKED BY MAY 2, 2022. CLAIM FORMS SUBMITTED ONLINE MUST BE SUBMITTED NO LATER THAN 11:59 PM, PACIFIC STANDARD TIME ON MAY 2, 2022.**

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (the "Notice") available at www.BondedAbrasiveWheelSettlement.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Settlement Agreement. By submitting this Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Released Claims included as a material term of the Settlement Agreement.

If you fail to submit a timely Claim Form, your Claim may be rejected, and you may be precluded from any recovery from the Settlement Fund. If you are a member of the Settlement Class and you do not timely and validly request to Opt-Out from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlement regardless of whether you submit a Claim Form. To receive the most current information, and to file your Claim please visit the settlement website at www.BondedAbrasiveWheelSettlement.com.

Claimant Information

Claimant Name: _____
First Name MI Last Name

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

E-mail Address: _____

Attestation

SELECT AND COMPLETE ONLY ONE OPTION BELOW

OPTION 1: No Proof of Purchase Required – If you choose to submit your Claim Form without proof of purchase, you may receive a payment of \$2.50 per unit purchased up to four units of Covered Products for a maximum Benefit Amount of \$10 per household (regardless of how many persons live in the household and regardless of the total number of household purchases).

Number of Covered Products purchased for personal use between June 7, 2015 and February 7, 2022:

OPTION 2: Proof of Purchase Required – If you choose to submit proof of your purchase, please include your documentation with this Claim Form, when submitted. Eligible Claimants who submit Proof of Purchase for one or more Covered Products shall receive a payment equal to the total amount of such purchases up to a maximum Benefit Amount of \$50.

Value of Covered Products purchased for personal use between June 7, 2015 and February 7, 2022:

\$

Payment Selection – SELECT ONLY ONE FORM OF PAYMENT

PayPal	PayPal account Email Address:	
	PayPal account Phone Number:	

Venmo	Venmo account Email Address:	
	Venmo account Phone Number:	

Zelle	Zelle account Email Address:	
	Zelle account Phone Number:	

Virtual Prepaid Mastercard	Email Address:	
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Check	Street Address:	
	City:	
	State and Zip code:	

Submission to Jurisdiction of the Court

By signing below, you are submitting to the jurisdiction of Jackson County, Missouri.

Certification under Penalty of Perjury

I hereby certify under penalty of perjury that:

1. I have read the Settlement Agreement and agree to its terms, including the Released Claims;
2. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief;
3. I am a member of the Settlement Class and did not request to Opt-Out from the Settlement Class;
4. I am neither (a) a Person who purchased or acquired the Product for resale; (b) an employee of Defendant; (c) a Person who has filed for exclusion from the Settlement Class; (d) a governmental entity; nor (e) a judicial officer to whom this Action is assigned, or any member of the judge's immediate family;
5. I have not submitted any other Claim for the same purchases and have not authorized any other Person or entity to do so, and know of no other Person or entity having done so on my behalf;
6. I will timely provide any additional information requested by the Settlement Administrator to validate my Claim;
7. I understand that by submitting this Claim Form, I am deemed to have given a complete Release of all Released Claims; and
8. I understand that Claims will be audited for veracity, accuracy, and fraud. Illegible Claim Forms can be rejected. If a Claim Form is determined not to be a Valid Claim, it will be rejected.

Signature: _____ Dated: ____ / ____ / _____