

Instructions for Submitting Your Consumer Claim Form

If you are a member of the class as a consumer, you may file a claim for a share of the settlement fund. You must complete this Claim Form and mail it to the Notice and Claims Administrator at the address provided below postmarked, or submit your claim online at www.InReNamendaIndirectAntitrustLitigation.com, **no later than February 3, 2023**.

- Complete all required portions of the attached Claim Form:
 1. Complete *Section A*.
 2. Answer the question in *Section B* to determine your eligibility.
 3. Provide information about your total purchases of brand Namenda IR 5 or 10 mg tablets and/or brand Namenda XR capsules in *Section C*.
 4. If possible, provide documentation of at least one purchase of brand Namenda IR 5 or 10 mg tablets and/or brand Namenda XR capsules as described in *Section D*.
 5. Review and sign the Claim Form in *Section E*, which includes the Certification that the information you provide is true and correct to the best of your knowledge.
- By signing and submitting the Claim Form, you are swearing under penalty of perjury that you qualify to submit a claim according to the criteria given in *Section B*.
- You have two options for submitting a Claim Form:
 - You can mail the completed and signed Claim Form and Certification by First-Class U.S. Mail, postage prepaid, postmarked no later than **February 3, 2023**, to:

In re Namenda Indirect Purchaser Antitrust Litigation

c/o A.B. Data, Ltd.

P.O. Box 173021

Milwaukee, WI 53217

OR

- You can complete and submit the Claim Form and Certification using the Notice and Claims Administrator's settlement website, www.InReNamendaIndirectAntitrustLitigation.com. When you complete the online Claim Form, you will receive an acknowledgement that your claim has been submitted. If you choose this option and file a claim electronically, your electronic signature and submission of the form will conform to the requirements of the Electronic Signatures Act, 15 U.S.C. § 7001, et seq., and will have the same force and effect as if you signed the Claim Form in hard copy.
- If your completed Claim Form is not postmarked or filed online by **February 3, 2023**, you will not receive any payment from the settlement. Submission of this Claim Form does not ensure that you will share in the payments related to the settlement.

**MUST BE POSTMARKED
ON OR BEFORE, OR
SUBMITTED ONLINE BY,
FEBRUARY 3, 2023**

***In re Namenda Indirect Purchaser
Antitrust Litigation***

Consumer Claim Form

Use Blue or Black Ink Only

Attention: This Form Is Only to Be Filled Out for a Consumer and Not a Third-Party Payor.

Section A: Claimant Identification

Claimant's Name

Agent/Legal Representative (if any)

Street Address

City

State

Zip Code

Daytime Telephone Number

Email Address*

*By providing your email address, you authorize the Notice and Claims Administrator to use it to send you information relevant to this claim.

Section B: Should I File a Claim Form?

You may be eligible to file a Claim Form and receive a cash distribution from the proposed settlement, if you indirectly purchased, or paid for some or all of the purchase price for brand Namenda IR 5 or 10 mg tablets and/or branded Namenda XR capsules, other than for resale, in the United States and its territories, for consumption by yourself or your family at any time during the period from April 14, 2010 through December 31, 2017.

You should not file a claim if you are among the following: (a) Defendants and their respective subsidiaries and affiliates; (b) Fully insured health care plans (*i.e.*, health care plans that purchased insurance from a third-party payor covering 100% of a plan's reimbursement obligations to its members); (c) All persons or entities that purchased branded Namenda IR 5 or 10 mg tablets or Namenda XR capsules for purposes of resale or directly from a Defendant; (d) Insured individuals covered by plans imposing a flat dollar co-pay that was the same dollar amount for generic as for brand drug purchases; (e) Pharmacy Benefit Managers without capitation contracts; (f) all judges presiding in this case and all counsel of record; and (g) All federal or state governmental entities, excluding cities, towns or municipalities with self-funded prescription drug plans.

If you excluded yourself from the class, you may not file a claim.

By checking this box, I confirm that I have read the definition of the class and I am not excluded from participating in the proposed settlement.

Section C: Purchase Information

Please type or print in the box below, the total amount paid during the period from April 14, 2010 through December 31, 2017, for brand Namenda IR 5 or 10 mg tablets and/or brand Namenda XR capsules, for use by yourself, or your family member(s), where such persons purchased the drug in a pharmacy or received brand Namenda IR 5 or 10 mg tablets and/or brand Namenda XR capsules in the United States and its territories.

TOTAL AMOUNT YOU PAID FOR BRAND NAMENDA IR 5 OR 10 MG TABLETS AND/OR BRAND NAMENDA XR CAPSULES:

\$

Section D: Claim Documentation and Disputes Regarding Claim Amounts

You may file a claim by providing the information requested in Section C and completing the Certification below.

If possible, you should also submit any of the following, which are all acceptable as claim documentation:

- 1) Records from your pharmacy showing that you purchased brand Namenda IR 5 or 10 mg tablets, and/or brand Namenda XR capsules at least once; or
- 2) A note from your doctor (or records) describing the amount of brand Namenda IR 5 or 10 mg tablets, and/or brand Namenda XR capsules you were prescribed.

Note: You may have a claim even if you cannot provide any of the above claim documentation as long as you provide the Certification below. However, if you do not provide the above documentation, the Notice and Claims Administrator may ask for additional claim documentation after you submit your Claim Form, so please keep all records of your purchases. Claims may be selected for audit and rejected because of fraud concerns or potentially inaccurate amounts based on expected average purchases.

If the Notice and Claims Administrator rejects or reduces your claim and you believe the rejection or reduction is in error, you may contact the Notice and Claims Administrator to request further review. If the dispute concerning your claim cannot be resolved by the Notice and Claims Administrator and Class Counsel, you may request that the Court review your claim.

Section E: Certification

I have read and am familiar with the contents of the Instructions accompanying this Claim Form. I certify that the information I have set forth in the above Claim Form and in any documents attached by me are true, correct, and complete to the best of my knowledge. I certify that I, or the class member I represent, purchased or paid for some or all of the purchase price of brand Namenda IR 5 or 10 mg tablets, and/or brand Namenda XR capsules for the purpose of consumption, by myself or my family member(s), at any time from April 14, 2010 through December 31, 2017 (the estimated date the anticompetitive effects of Generic Defendants' unlawful conduct ceased), in the United States and its territories.

I further certify that I, or the class member I represent, did not ask to be excluded from the class in this Action and did not purchase such brand Namenda IR 5 or 10 mg tablets, and/or brand Namenda XR capsules for purposes of resale. In addition, I am not (or the represented class member is not) among the persons or entities that have been excluded from the class, which are listed above in Section B.

To the extent I have been given authority to submit this Claim Form for a class member on their behalf, and accordingly am submitting this Claim Form in the capacity of an authorized agent with authority to submit it by the class member, and to the extent I have been authorized to receive on behalf of this class member any and all amounts that may be allocated to it from the settlement fund, I certify that such authority has been properly

vested in me and that I will fulfill all duties I may owe the class member. If amounts from the settlement fund are distributed to me and a class member later claims that I did not have the authority to claim and/or receive those amounts on their behalf, I and/or my employer will hold the class, counsel for the class, and the Notice and Claims Administrator harmless with respect to any claims made by the class member.

I hereby submit to the jurisdiction of the United States District Court for the Southern District of New York for all purposes connected with this Claim Form, including resolution of disputes relating to this Claim Form. I acknowledge that any false information or representations contained herein may subject me to sanctions, including the possibility of criminal prosecution. I agree to supplement this Claim Form by submitting documentary backup for the information provided in this form, upon request of the Notice and Claims Administrator.

I certify that the above information supplied by the undersigned is true and correct to the best of my knowledge and that this Claim Form was executed this _____ day of _____ 20____.

Signature

Print or Type Name

Mail the completed Claim Form postmarked on or before **February 3, 2023**, along with claim documentation, if available, to the following address, or submit the information online at the website below:

In re Namenda Indirect Purchaser Antitrust Litigation
c/o A.B. Data, Ltd.
P.O. Box 173021
Milwaukee, WI 53217
Toll-Free Telephone: 1-877-266-8807
Website: www.InReNamendaIndirectAntitrustLitigation.com

Reminder Checklist:

1. Please complete and sign the above Claim Form or complete the online Claim Form. Attach or upload any documentation supporting your claim.
2. Keep a copy of your Claim Form and supporting documentation for your records.
3. If you would also like acknowledgement of receipt of your Claim Form, please complete the form online or mail this form via Certified Mail, Return Receipt Requested.
4. If you move and/or your name changes, please send your new address and/or your new name or contact information to the Notice and Claims Administrator at info@InReNamendaIndirectAntitrustLitigation.com or via U.S. Mail at the address listed above.