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REFUND BENEFITS CLAIM FORM

Refund Benefits Claim Forms must be postmarked or submitted no later than June 8, 2021.

GENERAL INSTRUCTIONS

PLEASE FULLY COMPLETE THIS CLAIM FORM. COMPLETE AND CORRECT INFORMATION IS REQUIRED TO PROCESS YOUR CLAIM. If you have any questions about how to complete this form, **contact the Settlement Administrator at toll-free 1-833-326-0769.**

To make a Claim under the Settlement for Refund Benefits, you must complete and return this Claim Form. Completed Claim Forms for Partial Refund Benefits without Proof of Purchase (Tier 1) can either be mailed to the Settlement Administrator at In re Dollar General Corp., c/o Settlement Administrator, P.O. Box 559, Warminster, PA 18974-0559, or submitted via the Settlement Website, www.DGmotoroilsettlement.com. Completed Claim Forms for Full Refund Benefits with Proof of Purchase (Tier 2) must be submitted via first class mail to the Settlement Administrator at the address listed above. **Claim Forms submitted by mail must be postmarked no later than June 8, 2021, and Claim Forms submitted via the Settlement Website must be submitted by June 8, 2021 at 11:59 p.m. Central Time.** The information will not be disclosed to anyone other than the Court, the Settlement Administrator, the Special Master, and the Parties in this case, and will be used only for purposes of administering this Settlement.

Criteria for Refund Benefits:

To qualify for Refund (Tier 1 or Tier 2) Benefits, you must have purchased in the United States, between September 1, 2010 and December 31, 2017, for personal use and not for resale, one or more of the following Dollar General DG Auto motor oil Products (collectively, the “Dollar General Products”):

- DG Auto SAE 10W-30 (SF specification) for use in vehicles manufactured after 1988
- DG Auto SAE 10W-40 (SF specification) for use in vehicles manufactured after 1988
- DG Auto SAE 30 (SA specification) for use in vehicles manufactured after 1930

Officers, directors, employees, or persons or entities related to or affiliated with Dollar General and/or its officers and directors are not eligible to receive Monetary Benefits. A complete definition of the class qualifications is provided in the Settlement Agreement, which is available at www.DGmotoroilsettlement.com.

Partial Refund Benefits without Proof of Purchase (Tier 1) are for Settlement Class Members who do not have Proof of Purchase of the DG Auto motor oil, and the Benefit is \$1.68 per quart, subject to a maximum limit of 10 quarts of DG Auto motor oil per Household. Full Refund Benefits with Proof of Purchase (Tier 2) are for Settlement Class Members with Proof of Purchase, and the Benefit is the actual amount of DG Auto motor oil purchased for which you have Proofs of Purchase.

There is a limit of one Claim Form per Household for Partial Refund Benefits. You must choose between Partial Refund Benefits without Proof of Purchase and Full Refund Benefits with Proof of Purchase. You may not submit a Claim Form for both Partial and Full Refund Benefits.

If you fail to timely submit a Claim Form, you will not receive any recovery from the Settlement. If you are a member of the Settlement Class and you do not timely 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.

Claim Forms for Refund Benefits must be submitted online or mailed to:

**In re Dollar General Corp.
c/o Settlement Administrator
P.O. Box 559
Warminster, PA 18974-0559**

Claim Forms for Full Refund Benefits cannot be submitted online.



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Dollar General Claim Form – Refund Benefit

Claimant Information

Claimant Name: _____
First Name MI Last Name

Street Address: _____

Street Address2: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

E-mail Address (optional for paper forms) _____ @ _____

Class Member ID: 3 1 1 9 5 _____

If you qualify for Partial Refund Benefits or Full Refund Benefits, how would you like to receive the Benefit?

electronically (e-mail address required) mailed check

Selection of Partial Refund Benefits without Proof of Purchase or Full Refund Benefits with Proof of Purchase

Select **one** of the following options and provide the information requested:

Partial Refund Benefits without Proof of Purchase: I do not have Proof of Purchase, but I purchased the DG Auto motor oil Products listed below that meet the criteria described in the General Instructions:

Type of DG Auto Motor Oil Purchased	Quantity Purchased	Store Name where Purchased	Approximate Date(s) of Purchase	Location(s) of Purchase

Partial Refund Benefits are available for Settlement Class Members who do not have a valid Proof of Purchase. You may receive a payment of up to \$1.68 per quart for up to ten (10) quarts. The actual amount paid to Settlement Class Members may be reduced and adjusted by, among other things, the number of Valid Claims received. For Partial Refund Benefits, Class Members are eligible to submit one Claim per Household, regardless as to how many Persons live at that same address.



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Full Refund Benefits with Proof of Purchase: I purchased the DG Auto motor oil Products that meet the criteria described in the General Instructions, and I have Proof(s) of Purchase.

Type of DG Auto Motor Oil Purchased	Quantity Purchased

Proof(s) of Purchase must be submitted with your Claim Form.

Full Refund Benefits are available for Settlement Class Members who have valid Proof(s) of Purchase, which means a receipt, original UPC code removed from the bottle with time and date-stamped photos of the front and back label of each Product taken after removal of the UPC code, or other documentation that reasonably establishes the fact and date of purchase of the Product(s) during the Class Period in the United States. You may receive up to the amount you paid per quart as shown on the Proof(s) of Purchase submitted. The actual amount paid to Settlement Class Members may be reduced and adjusted by, among other things, the number of Valid Claims received.

IN ORDER TO SUBMIT A VALID CLAIM FORM, YOU MUST PROVIDE YOUR SIGNATURE.

Certification and Signature

Please sign the statement below. This is required for all Claims. Unsigned Claim Forms will be rejected by the Settlement Administrator as invalid. Invalid Claims will not be paid.

I swear under penalty of perjury under the laws of the United States that all of the information provided on this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review.

Signature

____/____/_____
Date (mm/dd/yyyy)

If you have questions about this Claim Form, visit www.DGmotoroilsettlement.com or call the Settlement Administrator at toll-free 1-833-326-0769.

