

# CLAIM FORM

**PODAWILTZ V. SWISHER INTERNATIONAL, INC., ET AL.  
CASE NO. 16CV27621**

## I. GENERAL INSTRUCTIONS

In order to be eligible to receive a settlement benefit, you must have purchased Swisher cigarillos under one of the eligible promotions in one of the fifty States, the District of Columbia, or Puerto Rico.

Class Members who submit a valid and complete Claim Form are eligible to receive two (2) or more but not more than five (5) vouchers with a face value of \$1.00 and a two-year expiration date, that can be redeemed at retail for the purchase of Swisher cigar products. You must complete and sign this Claim Form and return it to the below address on or before the deadline in order to receive your settlement benefit.

Swisher Sweets Settlement  
c/o JND Legal Administration  
P.O. Box 91047  
Seattle, WA 98111

You can also submit a Claim Form online at [www.SwisherSweetsSettlement.com](http://www.SwisherSweetsSettlement.com).

## II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the settlement. If this information changes, you **MUST** notify the Settlement Administrator in writing at the address above.

Claimant Name

Mailing Address – Line 1: Street Address/P.O. Box

Mailing Address – Line 2 (If Applicable): Apartment/Suite/Floor Number

City

State

Zip Code

Home Phone Number

Email Address

# III. PURCHASE INFORMATION

Indicate below the promotion(s) under which you purchased Swisher cigarillos.

- "5 for the price of 3"
- "3 for the price of 2"
- "buy 1 get 1 free"
- "buy 4 get 1 free"

Indicate below how many promotional purchases promotion(s) you made.

- 1-2
- 3
- 4
- 5+

# IV. ATTESTATION

I hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that I am entitled to file this Claim Form and receive any compensation that may be owed.

Signature of Claimant

Date

# REMINDER CHECKLIST



Keep copies of the completed Claim Form and documentation for your own records.

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Please do not highlight any portion of the Claim Form or any supporting documents.

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If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Settlement Administrator written notification of your new address. If you change your name, please inform the Settlement Administrator.

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If you have any questions or concerns regarding your claim, please contact the Settlement Administrator at the address below, by toll-free phone at 1-833-285-1326 by email at [info@swishersweetssettlement.com](mailto:info@swishersweetssettlement.com), or you may visit [www.swishersweetssettlement.com](http://www.swishersweetssettlement.com). **Please DO NOT call the Defendants or their Counsel with questions regarding your claim.**



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