

KONA COFFEE FARMERS SETTLEMENTS

CLAIM FORM

Corker, et al. v. Costco Wholesale Corporation, et al.
Case No. 2:19-cv-00290-RSL (W.D. Wash.)

If you received this Claim Form, it is because records show that you farmed Kona coffee in the Kona District and sold Kona coffee between February 27, 2015, and February 14, 2022, and may be able to receive a monetary benefit. In order to receive money from the Settlements with The Kroger Co. (“Kroger”), Safeway Inc. and Albertsons Companies Inc. (“Safeway/Albertsons”), and Hawaiian Isles Kona Coffee Co., Ltd. (“HIKC”) (collectively, the “New Settling Defendants”), Class Members are required to submit a valid Claim Form.

IF YOU PREVIOUSLY SUBMITTED A VALID CLAIM FORM FOR THE PRIOR SETTLEMENTS, YOU DO NOT NEED TO SUBMIT A NEW CLAIM FORM. THE CLAIMS ADMINISTRATOR WILL USE THE INFORMATION ALREADY ON FILE TO DETERMINE YOUR SETTLEMENT AWARD.

If you did not previously submit a Claim Form, you must submit a claim online at www.KonaCoffeeSettlement.com or complete this form and mail it to the address below.

Kona Coffee Farmers Settlement Administrator
c/o JND Legal Administration
P.O. Box 91232
Seattle, WA 98111

Your claim must be submitted online or postmarked no later than **September 17, 2022**.

The net Settlement Amount will be distributed, by check, to eligible Settlement Class Members on a pro-rata basis (based on the information provided below or previously provided). Visit www.KonaCoffeeSettlement.com for more information.

PLEASE PRINT YOUR RESPONSES

I. CLASS MEMBER INFORMATION

The Settlement Administrator will use this information for communications and payments. If this information changes before settlement payments are issued, contact the Settlement Administrator at the address below.

Full Name(s): _____

Name of Farm: _____

Tax Map Key: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address (if available): _____

Please provide your tax name and corresponding tax identification number (SSN or EIN). This information will be used only in relation to the payment and reporting of settlement benefits issued as part of these settlements. **If you do not provide this information, it will *not* prevent you from receiving a settlement benefit.** However, if you do not provide this information, your payment may be subject to backup withholding at the current rate of 24%.

Tax Name (Farm or individual): _____

Tax ID (SSN/EIN): _____

II. CLAIM INFORMATION

For the farm listed above, please provide the in-production coffee acreage of the farm for each year from 2015 and 2021. If the acreage has changed throughout the years since 2015, please clearly list the acreage per year below (ex. 2015: 5 acres, 2016: 6 acres, etc.)

2015: _____ 2019: _____

2016: _____ 2020: _____

2017: _____ 2021: _____

2018: _____

III. VOLUNTARY CONTRIBUTION

You have the option to donate a portion of your settlement payment to a fund to be used for the benefit of the Kona region. For more information on this fund, please visit www.KonaCoffeeSettlement.com.

If you wish to donate, please indicate the percentage of your settlement proceeds to be deducted from your settlement amount. _____ %

IV. SIGNATURE

By signing and dating this Claim Form below, you are certifying to the court-appointed Settlement Administrator that you farmed Kona coffee in the Kona District and sold Kona coffee between February 27, 2015, and February 14, 2022, and that the information provided on this Claim Form is true and correct to the best of your knowledge.

Signed: _____ Date: _____

Print Name: _____