Claim Form

Danone Activia® and DanActive® Settlement Program in Canada

INSTRUCTIONS – TERMS AND CONDITIONS

PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY TO DETERMINE IF YOU QUALIFY FOR COMPENSATION UNDER THIS PROGRAM.

I- WHO IS ELIGIBLE TO MAKE A CLAIM

The following terms and conditions govern this Danone Activia® and DanActive® Settlement Program in Canada:

- 1. You must be a resident of Canada who purchased in Canada between April 1, 2009 and November 6, 2012 Activia® yogurt products or DanActive® probiotic drink products.
- 2. Excluded from the Class are all Persons who have timely and validly requested exclusion from the Class.
- 3. You are entitled to submit only one claim for all your purchases of Activia® yogurt products or DanActive® probiotic drink product in Canada between April 1, 2009 and November 6, 2012.

II- THE SETTLEMENT

4. The settlement provides for three types of compensation – the present claim form covers the first type, the Direct compensation.

(a) Direct compensation

5. Danone Inc. will provide to each Class Member that qualifies Compensation in the following manner:

a) Class Members who sign and solemnly declare that they have purchased either Activia® or DanActive® products in Canada between April 1, 2009 and November 6, 2012: \$ 30;

b) Class Members who sign and solemnly declare that they have purchased either Activia® or DanActive® products in Canada between April 1, 2009 and November 6, 2012 AND have proof of purchase will be entitled to receive between \$ 30 and \$ 100, depending on the amount of the purchases:

- If the proof or proofs of purchase show purchase(s) of less than \$ 30, the Class Member is entitled to \$ 30;
- If the proof or proofs of purchase show purchase(s) between \$ 30 and \$ 100, then the Class Member is entitled to the amount of purchase;
- If the proof or proofs of purchase show purchase(s) above \$ 100, then the Class Member is entitled to \$ 100.

6. It is understood that the *Fonds d'aide aux recours collectifs* will be entitled to claim a percentage of 2% on each individual amount of Compensation paid to Class Members residing in the Province of Quebec only. This means that Class Members residing in the Province of Quebec will actually receive 98% of the amount between \$30 to \$100 that is applicable to them.

(b) Indirect compensation

7. Starting at the latest on August 25, 2013, Danone Inc. will make changes to its advertising and labelling in Canada, to describe with better precision the characteristics of its Activia® yogurt products or DanActive® probiotic drink products.

(c) Donation

8. Over a period of two (2) years following the Effective Date, Danone Inc. shall donate Danone products up to a total wholesale value of \$ 500,000 to be distributed to one or more charities that help feed the poor in Canada to be jointly chosen by the Settling Parties and approved by the Court. This donation may include any commercially sold Danone dairy product in good, saleable condition and not out of code or past their sale expiration dates at the time they are distributed.

III- HOW TO MAKE A CLAIM

- 9. To receive a Compensation, you must make a claim in the following way.
- 10. To make a claim, you must complete and submit this Claim Form, along with any required documentation, in compliance with the instructions below, and under penalty of perjury.
- 11. To obtain Compensation:

a) you must:

i) complete and submit by mail the present Claim Form to the following address:

Collectiva Services en recours collectifs inc.

285, Place D'Youville, bureau 9

Montréal (Québec) H2Y 2A4;

OR

ii) send by e-mail to info@collectiva.ca with the information requested in the present Claim Form with a signature and the solemn declaration as attachment; OR

ii) on the Claim Web Site www.collectiva.ca, complete the electronic Claim Form and attach a signature and the solemn declaration,

b) in which you solemnly declare under penalty of perjury that you have purchased either Activia® or DanActive® products in Canada between April 1, 2009 and November 6, 2012;

c) AND, if applicable, provide one or more proof(s) of purchase for this/these products.

- 12. The Claim Form must be postmarked, sent by e-mail or completed on the Claim Web Site no later than August 27, 2013.
- 13. Class Members are entitled to submit only one claim.
- 14. Duplicate or incomplete claim forms will not be honoured.
- 15. If applicable, submit proof of purchase consisting of an itemized, dated sales receipt or invoice or a credit card statement showing a qualifying Activia® or DanActive® products purchase.
- 16. Keep copies for your records.
- 17. Lost, late, or misdirected mail or e-mail is not the responsibility of Danone Inc. or its agents. Danone Inc. shall send the Class Member, by mail, the applicable Compensation within 60 days of August 27, 2013. Compensation can only be mailed to you at an address within Canada.

IV- CLAIM FORM

18. To request Compensation:

i) you must print, complete and sign the claim form below. If applicable, attach your proof of purchase to the completed claim form and mail them to the address below. All requests must be postmarked on or before August 27, 2013.

OR

ii) send by e-mail to info@collectiva.ca with the information requested below in the present Claim Form with a signature and the solemn declaration as attachment. If applicable, attach your proof of purchase to the completed claim form;

OR

ii) on the Claim Web Site www.collectiva.ca, complete the electronic Claim Form and attach a signature and the solemn declaration. If applicable, attach your proof of purchase to the completed claim form.

Received claim forms will be checked for validity. Danone Inc. shall send the Class Member, by mail, the applicable Compensation within 60 days of August 27, 2013.

PERSONAL INFORMATION

Please provide the following information, which will be treated as confidential. Any Compensation that Danone Inc. provides in response to your claim will be issued to the name and street address you provide. Please print clearly.

Name:	
Address:	
City:	
Province:	
Postal Code:	
Phone number (optional):	
E-mail (if available - optional):	
If known, store(s) where Activia® or DanActive® product(s) was(were) purchased	
If known, date(s) of purchase(s) (MM / DD / YYYY)	

Acknowledgement, Certification and Release:

I am a Canadian resident and I solemnly declare under penalty of perjury that I have purchased in Canada between April 1, 2009 and November 6, 2012 Activia® yogurt products or DanActive® probiotic drink products.

IF APPLICABLE: I attach a proof of purchase of Activia® yogurt products or DanActive® probiotic drink products purchased in Canada between April 1, 2009 and November 6, 2012.

By signing and dating this form below, I acknowledge that I have read the terms and conditions herein and am qualified to obtain a Compensation under this Settlement Program. I also hereby fully, finally, and forever release the Released Persons³ of all claims alleged in the Litigation

³ "Released Persons" means Danone Inc. and The Dannon Company, Inc. and each of their present or past directors, officers, employees, agents, shareholders, attorneys, advisors, consultants, representatives, partners,

relating to any alleged misrepresentation, or failure to disclose regarding Activia® yogurt products or DanActive® probiotic drink products purchased in Canada between April 1, 2009 and November 6, 2012, as more described in the Settlement Agreement.

I state under penalty of perjury that the information provided above is true. All information is complete and accurate.

Date

Signature

REMINDER

Please note the following deadline for postmarking/e-mailing your Claim Form and supporting documentation:

- The deadline for submitting a claim is August 27, 2013.
- If you have any questions while completing the Claim Form please contact

Collectiva at 1-800-287-8587 or at www.collectiva.ca.

affiliates, parents, subsidiaries, joint venturers, independent contractors, wholesalers, resellers, distributors, retailers, related companies, and divisions, and each of their predecessors, successors, heirs and assigns.