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Claims can be submitted electronically at [www.toothpastesettlement.com](http://www.toothpastesettlement.com)

*Rabinowitz et al. v. Colgate-Palmolive Company, et al.*  
Class Administrator  
P.O. Box 2897  
Portland, OR 97208-2897

***Rabinowitz et al. v. Colgate Palmolive Company et al.***

Case No: 2:25-cv-06996-JMW

US District Court, Eastern District of New York

**CLAIM FORM INSTRUCTIONS<sup>1</sup>**

You must submit a timely and valid Claim Form by **JULY 6, 2026**, to receive a Settlement Payment.

**WHO CAN MAKE A CLAIM?**

All purchasers within the United States who, between November 21, 2020, and March 6, 2026 (the “Class Period”), purchased for use and not for resale or distribution purposes one or more Class Products (any Tom’s of Maine toothpaste product).

**HOW TO MAKE A CLAIM**

The only way to receive a cash payment from this Settlement is by submitting a valid and timely Claim Form. You may file a Claim online at [www.toothpastesettlement.com](http://www.toothpastesettlement.com) or complete, sign, and return this form by mail to: *Rabinowitz et al. v. Colgate-Palmolive Company et al.*, Class Administrator, P.O Box 2897, Portland, OR 97208-2897. Claims must be submitted online or postmarked by **July 6, 2026**. A maximum of one (1) Claim Form may be submitted per household.

ALL CLAIMS ARE SUBJECT TO VERIFICATION.  
PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM FOR YOUR RECORDS.

**SECTION A: NAME AND CONTACT INFORMATION**

Provide your name and contact information below. It is your responsibility to notify the Class Administrator of any changes to your contact information after the submission of your Claim Form.

First Name:*	MI	Last Name:*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address 1 (Street Address, Including Apartment or Unit Number):\*

Address 2:

City:*	State:*	ZIP Code:*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:\*

Phone Number\*

 -  - 

<sup>1</sup> Unless stated otherwise, all capitalized terms shall have the same meaning as set forth in the Parties’ Class Action Settlement Agreement and Release, which can be found at [www.toothpastesettlement.com](http://www.toothpastesettlement.com).

For more information, [www.toothpastesettlement.com](http://www.toothpastesettlement.com) or call 1-877-315-6779  
The deadline to submit a Claim Form is **JULY 6, 2026**



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Claims can be submitted electronically at [www.toothpastesettlement.com](http://www.toothpastesettlement.com)**SECTION B: STATEMENT**

By completing and submitting this Claim Form, I declare under penalty of perjury that I purchased one or more Tom's of Maine toothpaste products in the United States for personal use (not for resale or distribution purposes) between November 21, 2020, and March 6, 2026, and that this is the only Claim Form that is being submitted on behalf of my household.

**SECTION C: CLAIM TYPE SELECTION**

You must select only one of these options on behalf of your household:

**Claim without Proof of Purchase**    **OR**     **Claim with Proof of Purchase**

**Claims WITHOUT Proof of Purchase**

Each Class Member who submits an Approved Claim that is not accompanied by Proof of Purchase may receive the total of the average manufacturer's suggested retail price for **up to one (1) Class Product** (any Tom's of Maine toothpaste product) claimed **per household**.

**Claims WITH Proof of Purchase**

Each Class Member who submits an Approved Claim that is accompanied by proof of purchase of a Class Product may be entitled to receive a full refund of the amount of money he or she spent on the Class Product (any Tom's of Maine toothpaste product) that is documented by Proof of Purchase, **capped at three (3) Class Products** (any Tom's of Maine toothpaste product) claimed **per household**.

**If you are submitting this Claim WITH Proof of Purchase, please complete the following:**

1. Include Proof of Purchase: Acceptable proof is an itemized retail sales receipt or other document (including, but not limited to, a retail store club or loyalty card record) showing, at a minimum, the purchase of one or more Class Products in the United States, and the purchase price, the date and place of purchase, and the number of units of Class Products purchased.
2. Indicate the **number of products you are providing Proof of Purchase for**, capped at **three (3) products**:

1     2     3

If the total value of all Approved Claims exceeds the funds available for distribution to Class Members, then the amounts of the cash payments will be reduced *pro rata*, as necessary, to use all funds available for distribution to Class Members.

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**SECTION D: PAYMENT ELECTION**

You acknowledge that if you do not choose to receive your payment digitally, you may not receive it as quickly and that the Class Administrator will not be responsible for payments that do not arrive by U.S. Mail. *Please select only one of the following payment options.*

**PAYMENT OPTIONS**

**#1 Digital Payment**

PayPal     Venmo     Zelle

You must provide the email address **OR** phone number that is associated with the selected Digital Payment Account. Do **not** provide **both** the email address and phone number.

Email Address

[Grid of 30 empty boxes for email address]

**OR** Phone Number

[Grid of 3 boxes] - [Grid of 3 boxes] - [Grid of 4 boxes]

**OR**

**#2 Physical Check Sent by Mail – Payment Option**

*Sent by mail to the address on this Claim.*

Physical Check

If you select more than one payment option, you will be mailed a check.

**SECTION E: CERTIFICATION**

By signing below, I certify that the information provided in this Claim Form is true and correct to the best of my knowledge, information, and belief. I understand the Class Administrator may contact me to request further verification of the information provided in this Claim Form.

Signature:

[Empty box for signature]

Date:

[Grid of 2 boxes] - [Grid of 2 boxes] - [Grid of 4 boxes]  
MM                  DD                  YYYY

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