

REQUEST FOR CORRECTION FORM AND INSTRUCTIONS

DUE BY FEBRUARY 8, 2021

Burgess, et al., v. Martin Operating Partnership, LP,
Case Number 19CA-CV00084
Cass County Circuit Court
State of Missouri

Please read all of the following instructions carefully before filling out this form.

1. Complete this form only if: (i) you received a Mailed Class Notice With Purchase Data (the “Notice”) listing your purchase history of the 303 Tractor Hydraulic Fluid Products in Missouri during the Class Period; and (ii) you believe that the purchase history is not accurate.
2. In addition to completing the information set forth herein, provide any documentation you have regarding your purchases or otherwise supporting your belief that the purchase history is not accurate.
3. The Settlement Administrator will make a determination regarding your form based on review of your submission and supporting documentation.
4. If you desire an acknowledgment of receipt of your Request for Correction Form, send it by Certified Mail, Return Receipt Requested.
5. To submit the Request for Correction Form, you **must do one of the following**: (i) complete an electronic form and submit it via the settlement website at www.martin303settlement.com on or before February 8, 2021; or (ii) complete a paper form and send it via fax to 215-827-5551, via United States mail, postage prepaid to Martin 303 Settlement, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479, or via e-mail to martin303settlement@rg2claims.com by February 8, 2021.
6. Keep a copy of your completed Request for Correction Form and supporting documents for your records. If your Request for Correction is rejected, the Settlement Administrator will notify you by U.S. Mail or e-mail of the rejection and the reasons for such rejection.

CLAIM INFORMATION

Claimant Name:

Street Address:

City, State, Zip Code:

Phone:

Email:

List the equipment in which you used the 303 Tractor Hydraulic Fluid listed above:

Type of Equip.	Year	Make	Model

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury the foregoing is true and correct.

Signature: _____

Date: _____

Print Name: _____

If you have any questions about this form or the Settlement, please contact the Settlement Administrator at:

Martin 303 Settlement
c/o RG/2 Claims Administration
P.O. Box 59479
Philadelphia, PA 19102-9479
1-866-742-4955
www.martin303settlement.com

If you have questions or would like assistance in completing this Request for Correction Form and/or a Claim Form, contact Class Counsel at 816-595-7723 or at 303claimsassistant3@gmail.com.

Please do not contact Defendants, the Court, or the Court Clerk's Office about the Settlement.