

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MINNESOTA

You may be a member of the Settlement Class in this action for a new Settlement reached with Tyson Foods, Inc. and Tyson Fresh Meats, Inc. (collectively, “Tyson”). The Settlement Class, subject to certain exclusions, is defined as “All persons and entities who directly purchased Beef<sup>1</sup> for use or delivery in the United States, whether fresh or frozen, made from one of the following primals: chuck, loin, rib or round from Defendants, or their respective subsidiaries or affiliates, from January 1, 2015 to February 29, 2020. For this lawsuit, beef excludes any product that is marketed as organic, grass-fed, kosher, halal, certified humane, Wagyu, “American-Style Kobe Beef,” and any product that is cooked, marinated, seasoned, flavored, or breaded.”

After the Court approves the Settlement and any appeals are resolved, a claims process will commence to distribute the Net Settlement Funds to eligible Settlement Class Members. In accordance with the terms of the Settlement, the Settlement Proceeds, minus any Court-approved attorneys’ fees, incurred litigation costs, future litigation costs, any class representative service awards, and notice and claims administration costs (the “Net Settlement Fund”), will be distributed to Settlement Class Members on a *pro rata* (or proportional) basis based on the amount of Beef purchases by each participating Settlement Class Member compared to the combined Beef purchases of all participating Settlement Class Members.



**If you already filed an approved claim in this lawsuit, you do not need to submit another Claim Form. You will be automatically eligible to receive a payment in this Settlement.**

If you did not previously file a claim in this lawsuit, review your known purchase information listed on page 2 or at [www.BeefDirectPurchaserSettlement.com](http://www.BeefDirectPurchaserSettlement.com).

- If you agree with the purchase information, complete the Claimant Information section, affirm and sign the attestation, and submit your Claim Form by **November 30, 2026** (postmarked or online).
- If you do not agree with the purchase information, or want to supplement your claim, complete the Purchase Audit Request Form posted on [www.BeefDirectPurchaserSettlement.com](http://www.BeefDirectPurchaserSettlement.com), complete the Claimant Information section of the Claim Form, and submit both forms along with your supporting documents by **November 30, 2026** (postmarked or online).

If you did not file a claim in the previous settlement, you must submit this Claim Form to the mailing address listed at the top of this form or on the Settlement Website [www.BeefDirectPurchaserSettlement.com](http://www.BeefDirectPurchaserSettlement.com) by **November 30, 2026** to be eligible to receive a payment.

You may use your Unique ID number listed at the top of this page to log in at [www.BeefDirectPurchaserSettlement.com](http://www.BeefDirectPurchaserSettlement.com) where you can submit a claim and review your purchase information electronically. If your organization received more than one notice, you only need to file one Claim Form for each Unique ID.

You **do not** need to submit another Claim Form if you already filed a claim in the previous settlement with JBS.

## **Review your purchase information**

The total award amount you receive will be calculated based on the purchase information from records available from Defendants and the previous settlement claims process. Your total known Settlement qualifying purchases from Defendants for the period between January 1, 2015, through February 29, 2020, are \$<< >>. The details concerning the dollar value of your qualifying purchases are listed on page 2.

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<sup>1</sup> Beef for this settlement is defined as: Boxed beef and case-ready beef (*i.e.*, beef that has been cut into subprimals and packaged for resale) made from Fed Cattle in the United States that is sold fresh or frozen. With the exception of case-ready beef, “Beef” excludes other meat from Fed Cattle that is further processed at another plant (*e.g.*, by grinding; adding other ingredients; or cooking or curing) and excludes drop byproducts (*e.g.*, trim, fats, oils, hides, offal). The definition of “Beef” is limited to products derived from the loin, chuck, rib, and round primal cuts.

**DIRECT PURCHASER ANTITRUST CLAIM FORM**

UNIQUE ID: << \_\_\_\_\_ >>

| DEFENDANT     | 2015 | 2016 | 2017 | 2018 | 2019 | 2020<br>(1/1-2/29) |
|---------------|------|------|------|------|------|--------------------|
| Cargill       |      |      |      |      |      |                    |
| JBS           |      |      |      |      |      |                    |
| National Beef |      |      |      |      |      |                    |
| Tyson         |      |      |      |      |      |                    |

Total Purchase Amount \$<< \_\_\_\_\_ >>



If you agree with this purchase information, you simply need to complete the Claimant Information section (on page 3), affirm and sign the attestation (on page 3), and submit it by November 30, 2026 (postmarked or submitted online).

If you do not agree with this purchase information, or want to supplement your claim, complete the Purchase Audit Request Form posted on [www.BeefDirectPurchaserSettlement.com](http://www.BeefDirectPurchaserSettlement.com), complete the Claimant Information section (on page 3 of this form), and submit both forms along with your supporting documents by November 30, 2026 (postmarked or online).

**DIRECT PURCHASER ANTITRUST CLAIM FORM**

UNIQUE ID: << \_\_\_\_\_ >>

If you **agree** with the purchase information on page 2, please complete the Claimant Information below and submit it by **November 30, 2026** (postmarked or submitted online), to the Claims Administrator at the address listed above.

If you do **not agree** with the purchase information listed on page 2, or **want to supplement your claim**, please complete the Claimant Information below, as well as the **Purchase Audit Request Form posted on the Settlement Website [www.BeefDirectPurchaserSettlement.com](http://www.BeefDirectPurchaserSettlement.com)**, and submit both forms, along with additional documentation to support your claim (e.g., invoices, purchase information, etc.), to the Claims Administrator at the address listed above (postmarked) or online by **November 30, 2026**.

All revised and/or supplemented Beef purchase amounts require actual documentation evidencing the entirety of the revised purchase amounts being claimed and will be subject to a review process by the Claims Administrator and Co-Lead Counsel. Please submit legible copies. Do not send originals but keep the originals in your records.

| <b><u>CLAIMANT INFORMATION</u></b>     |                             |         |      |
|----------------------------------------|-----------------------------|---------|------|
| <b><u>CONTACT NAME:</u></b>            | First                       | M.I.    | Last |
| <b><u>COMPANY NAME:</u></b>            | Company Name                |         |      |
| <b><u>CURRENT MAILING ADDRESS:</u></b> | Address 1                   |         |      |
|                                        | Address 2                   |         |      |
|                                        | City                        |         |      |
|                                        | State/Province              |         |      |
|                                        | Postal Code                 | Country |      |
| <b><u>CONTACT TELEPHONE:</u></b>       | _ _ _  -  _ _ _  -  _ _ _ _ |         |      |
| <b><u>CONTACT EMAIL ADDRESS:</u></b>   |                             |         |      |

By signing below I/we certify that (1) the above and foregoing information is true and correct; (2) I/we warrant that I am/we are duly authorized and have the legal capacity to sign this Claim Form on behalf of the direct purchaser entity; (3) I/we are not officers, directors, or employees of any Defendant; any entity in which any Defendant has a controlling interest; an affiliate, legal representative, heir, or assign of any Defendant; or a federal, state, or local governmental entity; and (4) I/we agree to submit additional information, if requested, in order for the Claims Administrator to process my/our claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name (First, Middle, and Last): \_\_\_\_\_ Title: \_\_\_\_\_