

UNIQUE ID (printed on your Claim Form): _____

DIRECT PURCHASER ANTITRUST PURCHASE AUDIT REQUEST FORM

Please use this form if you do not agree with the purchase information pre-printed on page 2 of your Claim Form and you would like to have that information audited. Please fill out your contact information below and provide annualized purchase information on page 2.

You must submit this Purchase Audit Request Form to the mailing address listed at the top of this form or on the Settlement Website, www.BeefDirectPurchaserSettlement.com, along with your Claim Form and supporting documents, by **November 30, 2026**.

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

If you do not agree with the purchase information provided on page 2 of the Claim Form, you must submit a form (such as a spreadsheet or table) that includes the amount of your purchases, the defendant, the year of purchase, the beef product you purchased (i.e., sirloin steak, chuck roast, etc.), and the total purchase amount, along with receipts or invoices. This form must reflect ALL purchases from the Defendants that you are claiming during the relevant time period. You may not seek Settlement Proceeds if you opted out of the Tyson Settlement.

You must submit this form, your Claim Form, and your additional documentation that supports your dispute or supplementation to the Claims Administrator at the address listed above (postmarked) or online by **November 30, 2026**. Documentation must include actual receipts or invoices that include the product name, name of Defendant, date of purchase, and net purchase amount. Please submit legible copies. Do not send originals but maintain the originals in your records.

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Total Purchase Amount \$ _____

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 Purchase Audit Request 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 and audit request.

Signature: _____ Date: _____

Printed Full Name (First, Middle, and Last): _____

Title: _____