

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Richmond Division**

**IN RE: INTERIOR MOLDED DOORS
ANTITRUST LITIGATION**

Lead Civil Action No. 3:18-cv-00718-JAG

CLAIM FORM AND INSTRUCTIONS

These instructions and Claim Form relate to a settlement on behalf of direct purchaser plaintiffs in *In re: Interior Molded Doors Antitrust Litigation*, Case No. 3:18-cv-00718-JAG, in the United States District Court for the Eastern District of Virginia. You may have previously received a Court-ordered notice in this case informing you of the settlement in this action. The settlement has now received final approval from the Court, and the net settlement funds will be distributed to class members after claim forms have been submitted and reviewed.

You have received this Claim Form because you have been identified as a purchaser of Interior Molded Doors (“IMDs”) directly from JELD-WEN, Inc. (“JELD-WEN”) or Masonite Corporation (“Masonite”), or both, between October 19, 2014 and December 31, 2018.

This packet contains instructions and a Claim Form. Your IMD purchases have been calculated based on transactional data produced by JELD-WEN and Masonite in the litigation. As explained below, you have the option to accept this calculation, or to dispute the calculated amount and provide your own purchase records. **In order to receive money from the settlement, you must fill out and sign this Claim Form and either (a) submit it online at www.directpurchaserimdlitigation.com by 11:59 p.m. Eastern time on September 24, 2021, or (b) return it by First-Class Mail, postmarked no later than September 24, 2021.** Please see Instruction #1 below for more information about submitting your Claim Form.

If, after reviewing these instructions, you have questions about the Claim Form or how to submit your information, please contact the Claims Administrator (please see Instruction #10 below for contact information).

INSTRUCTIONS

1. What do I have to do to submit a claim?

In order to submit a claim, you must complete the attached Claim Form pursuant to these instructions. The Claim Form must be filled out completely, **including your tax identification number**, and it **must be signed**. If you are accepting the calculation of your IMD purchases contained on the pre-populated Claim Form, then you only need to submit the signed and completed Claim Form. If, however, you dispute the amounts on the pre-populated Claim Form, you must also submit supporting documentation (as discussed in Instruction #6 below).

You may complete your Claim Form online at www.directpurchaserimdlitigation.com.

If you prefer, you may submit your Claim Form by returning it by First-Class mail to:

IMD Direct Purchaser Antitrust Litigation
c/o Claims Administrator
P.O. Box 1327
Blue Bell, PA 19422

Please keep a copy of your completed Claim Form and any submitted documentation for your records. If you want confirmation that your Claim Form has been received, please submit it by Certified Mail, return receipt requested.

2. I received a solicitation from a company offering to help me submit my claim. What should I do?

Some companies may offer to help you submit your Claim Form in exchange for a percentage of your recovery from the settlement. You should know that you can submit your Claim Form to the Claims Administrator on your own, free of charge, and that you do not need those companies. Additionally, you are entitled to contact the Claims Administrator for assistance with understanding and filing your Claim Form—again, at no cost to you.

3. Who may submit this Claim Form on behalf of a Claimant?

Any person other than the Claimant (or an employee, officer, or owner of the Claimant) completing and signing this Claim Form on behalf of the Claimant must also submit:

- a. A description of the capacity in which he, she or it is acting (supporting documentation required);
- b. The name, last four digits of the social security number, employer identification number, or taxpayer identification number (or for non-U.S. Claimants, a comparable government-issued national identification number), address and telephone number of the person or entity on whose behalf he, she or it is acting; and
- c. Evidence of his, her or its authority to bind the person or entity on whose behalf he, she or it is acting.

4. What is the deadline for submitting the Claim Form?

Only signed claims submitted by **September 24, 2021** will be considered. If you are submitting it on the settlement website, you must do so by 11:59 p.m. Eastern time on **September 24, 2021**; if you are mailing your form, it must be postmarked by **September 24, 2021**. In either case, if you dispute the amounts contained in the pre-populated Claim Form below, the supporting documentation must also be submitted by the **September 24, 2021** deadline.

5. What kinds of purchases, and from what companies, are eligible purchases for submitting a claim?

Products. The litigation concerns IMDs, which are a type of interior door made by sandwiching a wood frame and a hollow or solid core between two doorskins composed of a high-density fibrous mat and formed into a raised panel design. For purposes of the Settlement Agreement, IMDs include slabs, which may be sold as a single slab or as “bifolds,” as well as pre-hung doors, which consist of an IMD slab affixed to a door frame. Purchases of flush interior doors, stile & rail doors, and exterior doors are not eligible for claim submissions.

Sellers. An IMD purchase is only eligible if you made the purchase directly from either of the Defendants, JELD-WEN and Masonite. These companies are collectively referred to in these materials as the “Defendants.” Purchases made from a third-party distributor are not considered “direct” for purposes of submitting a claim. IMD purchases from manufacturers other than JELD-WEN or Masonite are not eligible.

Time Period. Only IMDs purchased from October 19, 2014 through and including December 31, 2018 (the “Class Period”) are included. Your IMD is considered purchased on the date that it was invoiced, regardless of when the IMD was shipped or received, or when the invoice was paid.

Location. Only IMDs purchased in the United States are eligible. IMDs are considered purchased in the United States if they were either billed to or shipped to an address in the United States.

6. My records show different purchase totals than those on my pre-populated Claim Form. How do I support my claim for a different amount?

Plaintiffs’ counsel believe that the amounts calculated from the transactional data produced in the litigation are accurate. However, if your records show a different purchase total for either Defendant, you may dispute what is pre-populated on your Claim Form.

To properly dispute the amount, you must submit your dispute **in writing** together with this signed Claim Form, indicating specifically what information you dispute and attaching documentation (receipts, invoices or other proof of purchase) supporting the requested correction(s). Only include copies of such documentation, not originals.

Disputes that are submitted without documentation will not be accepted.

Please note that the calculated purchase totals on the pre-populated Claim Form are net of all adjustments, such as shipping, credits and rebates, and your supporting documentation must also reflect all adjustments.

After receiving your supporting documentation, the Claims Administrator will review and compare it to the transactional data from the litigation to verify your claim. If the Claims Administrator disagrees with the calculation you submit, you will be contacted about the disagreement. If the disagreement cannot be resolved, then, if necessary, it will be brought before the Court for resolution.

7. What should I do if I have received more than one Claim Form?

If you appeared in Defendants’ records under other names or at different locations, you and related entities and locations may have received multiple Claim Forms. These forms are unique and are represented by a unique Claim Number and include unique purchase totals.

If you received multiple Claim Forms and you wish to seek payment for all purchases shown on each Claim Form, you must submit all Claim Forms received. You may combine your claims into one claim, but you must submit all Claim Forms together and include a written request that clearly identifies the specific Claim Numbers that you wish to combine. If you need assistance combining your claims into one claim, please contact the Claims Administrator (please see Instruction #10 below for contact information).

8. How much money will I receive from the settlement?

The exact amount you will receive from the settlement cannot be determined until all claim forms are collected and processed. However, the process the Court has approved for how the settlement funds will be distributed among valid claimants is described below.

The Net Settlement Fund is approximately \$37,236,665.00, after deducting Court-approved attorneys’ fees, expenses and service awards to the Named Plaintiffs. It will be distributed *pro rata* in accordance with each valid claimant’s IMD purchases directly from Defendants during the Class Period.

9. When will I receive money from the settlement?

All timely submitted Claim Forms will be reviewed and any disputes resolved. When all disputes are resolved, payment of settlement awards will be made. There is no way at this time to predict with certainty when the payments will be made, though Plaintiffs’ counsel and the claims administrator will work diligently to send payments out as soon as possible.

10. I have questions or need assistance. Who can I contact?

You may contact the Claims Administrator with any questions at:

Email: questions@directpurchaserimdlitigation.com

Telephone: (800) 222-2760

Address: IMD Direct Purchaser Antitrust Litigation
c/o Claims Administrator
P.O. Box 1327
Blue Bell, PA 19422

In addition, more information about the litigation, the settlement, the plan of distribution and other matters is available at the settlement website, www.directpurchaserimdlitigation.com. The previously provided Notice and a blank claim form are also available on the website.

Unique Claim Number: <<Unique Claim Number>>

CLAIM FORM

Claimant Information

- 1. Business Name: <<Business Name>>
- 2. Taxpayer Identification Number (TIN): _____
- 3. Name of person signing and filing this Claim Form: _____
- 4. Title/Position: _____
- 5. Contact Information:
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Telephone: (____) _____ - _____
 Mobile Telephone: (____) _____ - _____
 Email Address: _____

Calculation of IMD Purchases Directly from Defendants

Based on the transactional records that were produced in the litigation, you purchased the following amounts of IMDs (net of shipping, rebates, credits and other adjustments) directly from the Defendants, invoiced October 19, 2014 through and including December 31, 2018 (the "Class Period"):

Defendant	Total Amount Purchased
JELD-WEN	<<JELD-WEN Amount>>
Masonite	<<Masonite Amount>>
Total	<<Total Amount>>

If your records show a different purchase total during the Claims Period, you must submit your dispute in writing together with this Claim Form, indicating specifically what information you dispute and attaching copies of documentation (receipts, invoices or other proof of purchase) supporting the requested correction(s). **Disputes that are submitted without documentation will not be accepted.**

Dispute Attached: If you dispute the amount of your total direct purchases of IMDs from either Defendant, please check this box and attach documentation and a written explanation to this form and return as directed. Additionally, for any Defendant for which you dispute the amount contained in the chart above, please indicate here the name of the Defendant and your calculation of the total IMD purchases you made directly from that Defendant (net of shipping, rebates, credits, and other adjustments) that were invoiced from October 19, 2014 through and including December 31, 2018.

Defendant	Total Amount Purchased
Total	

Certification

I understand that in exchange for the benefits provided by this settlement, the Claimant has released the Defendants from the claims identified in the settlement agreement. I state that:

- I have read and understand the Notice of Class Action Settlement, and have read and understand the instructions that accompany this Claim Form;
- As to any information under the section above titled “Calculation of IMD Purchases Directly from Defendants” that I do not dispute, I accept that information as accurate for purposes of my claim submission; and
- Any information I submit to dispute the information under the section above titled “Calculation of IMD Purchases Directly from Defendants” is true and accurate.

I certify that the taxpayer identified by Taxpayer Identification Number above is NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

(NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the word “NOT” in the previous sentence.)

I confirm that all the information on this Claim Form and any supporting documents provided are true and correct to the best of my knowledge and belief.

By: _____
(Signature)

(Printed Name)

(Date)

IMD Direct Purchaser Antitrust Litigation
c/o Claims Administrator
P.O. Box 1327
Blue Bell, PA 19422

FIRST CLASS MAIL
US POSTAGE
PAID
MAG



ID: <ID>
<<Name1>
<<Name2>
<<Address1>
<<Address2>
<<City>, <<St> <<Zip>
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