

NOTICE OF DISPUTE FORM: CANADIAN VITAMINS CLASS ACTIONS NATIONAL SETTLEMENTS

DEADLINE TO FILE THE NOTICE OF DISPUTE FORM WITH ADMINISTRATOR: APRIL 10, 2006

INFORMATION and INSTRUCTIONS:

Deloitte & Touche LLP, the Administrator of the Canadian Vitamins Class Actions National Settlements, has reviewed each Claim according to the terms of the Settlement Agreement.

- The Administrator's Decision may be appealed by filing a NOTICE OF DISPUTE FORM for the CLAIM by the above deadline.
- Download a NOTICE OF DISPUTE FORM from the www.vitaminsclassaction.com (the Vitamins Class Action Settlement Website), and type or print legibly when completing the NOTICE OF DISPUTE FORM.
- The NOTICE OF DISPUTE FORM must be signed by the same person who signed the CLAIM.
- Fax the completed and signed NOTICE OF DISPUTE FORM to the Administrator at 1-866-298-1026 for receipt by the above deadline.
- If you do not have access to a Fax, mail the completed and signed NOTICE OF DISPUTE FORM for receipt (by the above deadline) to:
Administrator, Canadian Vitamins Class Actions National Settlements, Deloitte & Touche LLP
79 Wellington Street West, PO Box 29, TD Centre, Toronto Ontario MK5 1B9.

NOTICE OF DISPUTE FORM

TO APPEAL THE ADMINISTRATOR'S DECISION TO THE REFEREE IN THE FOLLOWING CLAIM:

CLAIMANT LEGAL NAME

(as submitted on CLAIM)

CLAIMANT ADDRESS (as submitted on CLAIM)

Street Address
or PO Box

City or Town

Province or State

Postal or Zip Code

LOGIN NAME (used to access CLAIM)

TOTAL PURCHASE PRICE (as submitted on CLAIM)

\$

in Canadian Dollars (excluding delivery charges and taxes)

TOTAL COMPENSATION (per Administrator's Decision)

\$

in Canadian Dollars (excluding delivery charges and taxes)

REASON for filing NOTICE OF DISPUTE FORM for this CLAIM (select only one reason)

- Appealing Administrator's CALCULATION OF TOTAL COMPENSATION Decision
- Appealing Administrator's ELIGIBILITY TO PARTICIPATE IN DISTRIBUTION PROCESS Decision

REPRESENTATIONS / SIGNATURE / SIGNING DETAILS:

REPRESENTATIONS

1. I have the legal authority to sign the NOTICE OF DISPUTE FORM for this CLAIM.
2. The information provided and the representations made in this NOTICE OF DISPUTE FORM are true and correct to the best of my knowledge, information and belief.

SIGNATURE

DETAILS re PERSON who SIGNED above

First Name

Middle Name

Surname

Relationship to Claimant/Claim

Use terms such as Signing Officer, Owner, Partner, Trustee, Successor, Estate Agent, or Legal Representative, etc. to describe this relationship.

Phone Number
(with area code)

Fax Number
(with area code)

Email Address