

Get menopause relief, guaranteed.



Clinically Tested Estrovera®

Menopausal hot flash relief featuring ERr 731**



If you have purchased Estrovera and aren't satisfied with the reduction in menopausal symptoms, you may submit a request to receive a full refund of your purchase (up to \$34.95 for Estrovera 30 tablets, and up to \$94.95 for Estrovera 90 tablets). **If you experience an adverse event while using this product, please notify Metagenics at (800) 692-9400** in addition to filling out the form below to receive your Money-Back Guarantee (MBG). To qualify for the refund, purchases must be made between 7/1/12–12/31/17. A valid product lot number must be entered on the form below (lot number is printed on product bottle). A valid refund form and original sales receipt must be received by 1/31/2018 to qualify for a refund.

[†]See Offer Terms and Conditions below for further details.

TO RECEIVE YOUR REFUND by mail:

- Complete, submit, and print this redemption form.
- Attach original receipt reflecting qualifying purchase. Please circle purchase price of product on the receipt.
- Mail to: Estrovera MBG Offer 36430, PO Box 6027, Douglas, AZ 85655-6027

Please fill out and submit ALL of the following information:

1. Date of Purchase: _____ (MM/DD/YYYY)

2. Price of Product: _____ (Numbers only, please include decimal)

Maximum refund is \$34.95 for Estrovera 30 tablets; purchase prices over \$34.95 will result in a \$34.95 + tax refund. Maximum refund is \$94.95 for Estrovera 90 tablets; purchase prices over \$94.95 will result in a \$94.95 + tax refund. Enter the amount paid for the qualifying product less coupons and before tax. The refund amount received may vary from the price entered here if you have incorrectly entered the amount paid (as reflected on your receipt).

3. Lot # from Product: _____ (7 digit number from product bottle)

4. First Name: _____ Last Name: _____

5. Address: _____

6. City: _____ State: _____ ZIP Code: _____

7. Phone: _____ (Numeric only; no spaces, dashes or parentheses)

8. Email Address: _____

9. I would like to be notified of upcoming special offers and promotions as well as new product information from Metagenics. Metagenics has a strict privacy policy. We do not sell or rent your personally identifiable information to third parties.

Length of Use: How long did you use the Estrovera product (optional^{††})?

- Less than 2 weeks 2-4 weeks Longer than 4 weeks

Healthcare Practitioner (optional^{††}) _____

Briefly describe what you LIKED about the Estrovera product you purchased (optional^{††}):

Briefly describe what you DID NOT LIKE about the Estrovera product you purchased (optional^{††}):

[†]Offer Terms and Conditions:

This offer is not valid with any other Metagenics promotion or offer. Mail-in only. No fax, phone, or emailed requests will be honored. Offer is valid for residents/individuals of the US who purchase from participating Metagenics healthcare professionals in the fifty (50) United States or District of Columbia. Offer is limited to one (1) per household. Duplicate requests and/or duplicate proofs of purchase will not be honored. Purchases must be made between 07/01/2012 and 12/31/2017. Rebate claims must be received within 45 days of purchase of 30 tablets or 105 days of purchase of 90 tablets. All claims must be received by January 31, 2018. Please retain copies of the materials you submit. All submissions become the property of Metagenics, Inc. and will not be returned. This offer is void where prohibited or restricted by law. Not responsible for lost, late, damaged, misdirected, incomplete, illegible, or postage due mail. Purchaser must fully complete and follow instructions as stated on the claim form. Tampering with, altering, or falsifying purchase information constitutes fraud. Please allow 4-6 weeks for delivery of refund check. Refund will be issued in US dollars. To check the status of your refund, visit www.rewardsbymail.com.

^{††}Metagenics will not solicit any patient information.

Mail to address:

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PO Box 6027
Douglas, AZ USA 85655-6027