

CLAIM FORM & RELEASE

In order to participate in the Settlement that is described in the Notice and claim a share of the Settlement's proceeds, you must complete, sign and submit this Claim Form and the enclosed tax forms by facsimile, electronic mail, or U.S. mail to:

Direct Energy Settlement
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164
Fax: 1-888-326-6411
Email: DirectEnergySettlement@atticusadmin.com

You may also submit this Claim Form and tax forms online at www.DirectEnergySettlement.com.

Your completed Claim Form & Release and tax form(s) must be received by no later than October 24, 2024.

TO QUALIFY FOR A SHARE OF THE SETTLEMENT, YOU MUST (1) COMPLETE AND RETURN THE ENCLOSED TAX FORM(S), AND (2) SIGN ON THE LINE ON THE BACK OF THIS SHEET, SIGNIFYING THAT YOU AGREE TO BE BOUND BY THE RELEASE OF CLAIMS THAT APPEARS ON THE BACK OF THIS SHEET.

PLEASE TURN OVER AND SIGN AND DATE THE BACK OF THIS SHEET.

DO NOT ALTER THE LANGUAGE BELOW. If you alter this language, your Claim Form will not be valid and will not be accepted.

Release of Claims:

I attest, under penalty of perjury, that the information below is true and correct to the best of my memory. I further agree that in consideration for my receipt of a share of settlement funds, I am releasing Credico (USA), LLC and Direct Energy Services, LLC and their respective parents, subsidiaries, affiliates, predecessors, successors, owners, directors, officers, members, employees, attorneys, representatives, heirs, and agents, as applicable to each of them, from all actions, claims, demands or causes of action, whether known or unknown, contingent or absolute, that have been or could have been raised in the Lawsuit, arising at any time between July 1, 2015 through October 31, 2018, inclusive, including but not limited to claims under M.G.L. c. 149, M.G.L. c. 151, M.G.L. c. 136, the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.*, or any other statutory or common law claims under federal, state, or local law for unpaid wages, unpaid overtime wages, off-the-clock work, meal and rest breaks, commissions or incentive pay of any kind, paid or unpaid leave, deductions from pay, travel time, work-related transportation expenses, and any other pay practices, benefits, and all related / derivative claims, claims or suits relating to breach of an oral or written contract, interest on such claims, liquidated damages, penalties, attorney's fees and costs related to such claims, and all other available remedies and relief of any kind of nature whatsoever.

I also expressly understand and agree that my receipt of a share of the settlement funds will not entitle me to additional compensation or benefits under any company benefit plan or policy including, but not limited to, medical insurance, dental insurance, vacation pay, sick time, retirement benefits or any other benefit. This Release shall be given the broadest possible interpretation allowable by law.

By signing below, I declare and verify that I have read this Claim Form, and that I agree to participate in the Settlement on the terms described herein, including the Release of Claims set forth above.

(Signature)

Dated: _____

Personal Information (please print clearly):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home or Mobile Phone: _____

E-mail (optional): _____

PLEASE SIGN AND RETURN THIS CLAIM FORM AND THE TAX FORMS, AS INSTRUCTED ABOVE, ON OR BEFORE OCTOBER 24, 2024 IF YOU WISH TO PARTICIPATE IN THE PROPOSED SETTLEMENT OF THE LAWSUIT.