#### CONSENT TO JOIN SETTLEMENT AS A PLAINTIFF, RELEASE, AND CLAIM FORM

# TO RECEIVE MONEY FROM THIS SETTLEMENT IN EXCHANGE FOR YOUR RELEASE OF CLAIMS, YOU MUST COMPLETE AND SUBMIT THIS FORM BY MARCH 2, 2024

## Nall v. Dominion Enterprises; Case No. 50-2023-CA-011274 (Fla. 15th Jud. Cir.)

To receive your settlement payment, become a party to the case, and release your right to sue for the settled claims, you must complete, sign, and return this Claim Form in the enclosed pre-paid envelope, submit it online, or by email or facsimile to:

### Dominion Enterprises Dealer Specialties, LLC Litigation Settlement Claims Administrator

Nall v Dominion Enterprises c/o CPT Group, Inc. 50 Corporate Park Irvine, CA 92606

Phone: 1-888-347-1013; Fax: (949) 419-3446 Email: <u>DominionSettlement@cptgroup.com</u> Website: <u>www.DominionSettlement.com</u>

Your Claim Form must be postmarked or otherwise received online or by facsimile or email by March 2, 2024. If you lose the envelope, you should send the Claim Form to the address listed above.

#### CONSENT TO JOIN & AGREEMENT TO BE BOUND BY RELEASE:

I hereby consent, agree, and opt-in to be a party Plaintiff in the above-captioned collective action. I further agree to be bound by the collective action settlement and release approved by the Court as contained in the settlement agreement. I hereby designate the Shavitz Law Group, P.A. to represent me in this action. I understand that by filing this consent, I will be bound by the judgment of the Court on all issues in this case.

#### RELEASE OF YOUR CLAIMS

By signing and timely submitting this Claim Form, I hereby release Dominion Enterprises, together with its parents, subsidiaries, divisions, partners, members, predecessor and successor corporations and business entities, and their agents, directors, officers, employees, shareholders, insurers and reinsurers, representatives, attorneys, and employee benefit plans and administrators (collectively, the "Released Parties") of and from: any and all federal, state and local wage and hour claims, including overtime claims relating back to the full extent of the applicable state and federal statute of limitations and continuing through the date of filing the Complaint, including, without limitations, all federal, state and local claims for unpaid overtime wages, and related claims for penalties, interest, liquidated damages, attorneys' fees, costs, and expenses

| Signature:      |                        | Date:                         |                             |                         |
|-----------------|------------------------|-------------------------------|-----------------------------|-------------------------|
| Print:          | First                  | Middle                        | Last                        |                         |
| Former (Maiden) |                        | , if any:                     |                             |                         |
| Note: Your addr | ess and other identify | ving information will be kept | confidential and will not b | oe filed with the Court |
| Street Address  |                        |                               |                             |                         |
| City            |                        | State                         | Zip Code                    |                         |
| Email Address:  |                        |                               |                             |                         |
| Home phone:     |                        | Cell phone:                   |                             |                         |

**CHANGE OF ADDRESS:** If you change your address, please inform the Settlement Claims Administrator of your new address to ensure processing of your claim. It is your responsibility to keep a current address on file with the Settlement Claims Administrator. Please contact the Settlement Claims Administrator at the address, phone number or e-mail address listed above.