

CLAIM FORM

Juana Diaz, individually and on behalf of all others similarly situated, Plaintiff v. Forever 21 Logistics, LLC, a Delaware corporation; and Doe One through and including Doe Fifty, Defendants, Case No. BC 510004.

IF YOU WANT TO RECEIVE MONEY UNDER THIS SETTLEMENT, YOU MUST COMPLETE THIS FORM. YOU MUST COMPLETE, SIGN, AND MAIL (BY FIRST CLASS U.S. MAIL OR EQUIVALENT), THIS CLAIM FORM. IT MUST BE POSTMARKED ON OR BEFORE JULY 29, 2015, ADDRESSED AS FOLLOWS, OR YOU WILL BE INELIGIBLE TO RECEIVE A MONETARY RECOVERY.

Name

Name/Address Changes, if any:

Address

Sample only. Call 1-888-613-5553 for your Claim Form.

(_____) _____ - _____
Home Telephone Number

MAIL TO:
Forever 21 Logistics, LLC Wage & Hour
c/o Phoenix Settlement Administrators
PO Box 27907
Santa Ana, CA 92799
Phone number: 1-888-613-5553

INSTRUCTIONS

- 1. You must complete, sign and mail this Claim Form in order to be eligible for monetary recovery. You must include the last four digits of your Social Security Number in the space provided below.
- 2. If you move, please send the Settlement Administrator your new address. It is your responsibility to keep a current address on file with the Settlement Administrator.

YOU MUST COMPLETE ALL PAGES OF THE CLAIM FORM.

Defendant's records show that between the dates set forth below (which are just those between May 24, 2009 and March 11, 2015), you worked as an hourly or nonexempt employee at a Forever 21 Distribution Center or warehouse in California:

BEGINNING DATE	END DATE

According to Defendant's records, your total number of Compensable Work Weeks (i.e., the number of work weeks you worked as an hourly or nonexempt employee at Defendant's Distribution Centers or warehouses in California within this date range, excluding those weeks covered through the *Lozano* Settlement) is: _____.

If you disagree with the Employment Dates listed above and/or your total number of Compensable Work Weeks, please indicate: (1) what you believe to be the correct dates you worked as an hourly or nonexempt employee at Defendant's Distribution Centers or warehouses during the Covered Time Frame; and/or (2) the number of Compensable Work Weeks you believe you worked during the Covered Time Frame.

In addition, explain why you believe Defendant's records are mistaken, and attach all supporting documentation:

(NOTE THAT ADDITIONAL POSTAGE MAY BE NECESSARY IF YOU RETURN ADDITIONAL DOCUMENTATION IN THE ENCLOSED ENVELOPE).

FLSA CONSENT TO OPT IN

By submitting this Claim Form, I hereby give my consent to be a party plaintiff in this action pursuant to the Fair Labor Standards Act of 1938, 29 U.S.C. § 216(b).

RELEASE OF CLAIMS

My signature constitutes my full and complete release of Forever 21 Logistics, LLC, Forever 21, Inc. and all of their former and present parents, subsidiaries, and affiliates, and their current and former officers, directors, employees, partners, shareholders and agents, and the predecessors and successors, assigns, and legal representatives of all such entities and individuals (“Released Parties”), from any and all of the following claims with respect to acts and omissions during the time period from May 24, 2009 through the date of final court approval of the Settlement: (a) failure to pay all wages owed, including overtime wages (Cal. Lab. Code §§ 510, 1994); (b) failure to pay all wages owed, including overtime wages to the extent permissible under the federal Fair Labor Standards Act, as amended (“FLSA”), 29 U.S.C. § 201; (c) failure to provide compliant meal and rest periods and failure to pay wage premiums for alleged meal and rest break violations (Cal. Lab. Code §§ 226.7, 512); (d) failure to provide accurate wage statements (Cal. Lab. Code §§ 226, 226.3 and 226.6 et seq.); (e) waiting-time penalties (Cal. Lab. Code § 203); (f) unfair business practices and/or unfair competition (Cal. Bus. & Prof. Code §§ 17200 et seq.); (g) failure to reimburse for business expenses (Cal. Lab. Code § 2802); (h) civil penalties pursuant to the Labor Code Private Attorneys General Act of 2004 (“PAGA”) (Cal. Lab. Code §§ 2698 et seq.) that were or could have been based on the facts and legal theories raised in the Second Amended Complaint; (i) any other claims or penalties under the wage and hour laws pleaded in the Second Amended Complaint or that could have been pleaded based on the allegations contained in the Second Amended Complaint; and (j) all damages, penalties, interest and other amounts recoverable pursuant to (a)-(i) to the extent permissible under the California Labor Code, California Industrial Welfare Commission Orders; the California Unfair Competition Law, and the FLSA. (collectively, “Released Claims”).

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Substitute IRS Form W-9

Enter the last four digits of your Social Security Number: XXX—XX—

I certify that:

1. The partial social security number shown on this form correctly states the last 4 digits of my taxpayer identification number, **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or authorized to work in the U.S.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated Sample only. Call 1-888-613-5553 for your Claim Form.

Signature

Print name