

CLAIM FORM INSTRUCTIONS

YOU WILL NOT RECEIVE YOUR PORTION OF THE SETTLEMENT UNLESS YOU RETURN THE CLAIM FORM BY THE DEADLINE

*Pamela Carter, et al. v. Strategic Equity Group, et al.
Case No. 30-2016-00866025-CU-BT-CXC*

«Barcode» «BarcodeString» SIMID «SIMID» «FirstName» «LastName» «Address1» «Address2» «City» «State» «Zip»	Name/Address Changes: _____ _____ _____
Home or Cell Telephone Number	(____) _____

IF YOU SUBMIT A VALID AND TIMELY CLAIM FORM AND THE COURT APPROVES THE SETTLEMENT PLAN, YOU SHOULD RECEIVE A SETTLEMENT PAYMENT OF APPROXIMATELY \$«MERGED_EstSettAmnt»

YOU MUST COMPLETE, SIGN AND RETURN THE CLAIM FORM TO THE SETTLEMENT ADMINISTRATOR ON OR BEFORE JUNE 4, 2019, TO RECEIVE YOUR SHARE OF THE SETTLEMENT. YOU MAY RETURN THE CLAIM FORM TO THE SETTLEMENT ADMINISTRATOR BY U.S. MAIL IN THE ENCLOSED POSTAGE PREPAID ENVELOPE

BY U.S. MAIL: Carter v. Strategic Equity Group
P.O. Box 26170
Santa Ana, CA 92799

INSTRUCTIONS

1. You must complete, sign and return the Claim Form on or before June 4, 2019, to receive your Settlement Payment described in the enclosed Notice. It is strongly recommended that you retain proof that you submitted your Claim Form on time until you receive your Settlement Payment check.
2. If you move, you MUST notify the Settlement Administrator and provide it your new address. It is your responsibility to keep a current address on file with the Settlement Administrator to ensure receipt of your Settlement Payment.
3. If you wish to challenge the data below upon which your Settlement Payment is calculated, you must submit your challenge on or before April 5, 2019, along with the Claim Form and any supporting information and/or documentation. (Additional postage may be needed on the return envelope if returning additional documentation with the Claim Form.)

CLASS MEMBER CLAIM FORM

PARTICIPATION IN FLEET CARD FUELS EMPLOYMENT STOCK OPTION PLAN

A. Based on documents and records obtained during the case, the parties believe that in 2012 you received a payment of approximately \$«MERGED ESOP RedemptionAmt» for the redemption of your ESOP shares and that you owned «MERGED ESOP Shares» shares as of September 28, 2012 when the ESOP was terminated. This information will be used to determine your Settlement Amount.

B. Please Check One Box:

(If neither box below is marked, it will be assumed the participation in the Fleet Card Fuels Employment Stock Option Plan data shown above is accurate.)

This data appears accurate. I do not wish to challenge the data.

OR

I wish to challenge the data.

Write why you believe the data is incorrect and please attach your written statement to this Claim Form, sign the Claim Form, and return it on or before April 5, 2019.

RELEASE AND SIGNATURE My signature constitutes a full and complete release of the settling Defendants as set forth in the Stipulation of Settlement and Release that has been filed with the court in exchange for the estimated Settlement Payment.

To receive your Settlement Payment, you must sign and date this Claim Form and return it to the Settlement Administrator on or before June 4, 2019.

Dated: _____, 2019

[print name] - required

[signature] – required