

CLAIM FORM

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

Pamela Carter, et al. v. San Pasqual Fiduciary Trust Company, et al.
Case No. SACV15-1507 JVS (JCGx)

«Barcode» «BarcodeString»
SIMID «SIMID»
«FirstName» «LastName»
«Address1» «Address2»
«City» «State» «Zip»

(_ _ _) _ _ _ - _ _ _ _
Home or Cell Telephone Number

Name/Address Changes:

IF YOU SUBMIT THE CLAIM FORM ON TIME AND THE COURT APPROVES THE SETTLEMENT PLAN, YOU SHOULD RECEIVE A SETTLEMENT PAYMENT OF APPROXIMATELY \$«MERGED EstSettAmnt CALC»

YOU MUST COMPLETE, SIGN AND RETURN THE CLAIM FORM TO THE SETTLEMENT ADMINISTRATOR ON OR BEFORE **JANUARY 2, 2018**, 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. San Pasqual
c/o Simpluris, Inc.
P.O. Box 26170
Santa Ana, CA 92799

INSTRUCTIONS

1. You must complete, sign and return the Claim Form on or before **January 2, 2018**, 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 January 2, 2018, 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.)

PARTICIPATION IN FLEET CARD FUELS EMPLOYMENT STOCK OPTION PLAN

A. Based on documents and records obtained during the case, the parties believe that you received a payment of approximately \$«MERGED ESOP RedemptionAmt» for 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.

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Claim Form
Deadline To Submit A Claim: January 2, 2018
QUESTIONS? CALL 888-369-3780

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 January 2, 2018.

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 January 2, 2018.

Dated: _____

[print name] - required

[signature] – required