

CLAIM FORM

<<EmployeeName>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Zip>>
Email: <<Email>>
Telephone: <<Telephone>>

If you wish to be part of the class action settlement in *Kimberly N. Pizl v. Northwest Premier Investments Inc.*, Lewis County Superior Court Case No. 23-2-011011-21, and receive a settlement payment, you must provide the information requested below. Please type or print clearly in blue or black ink.

This Claim Form and W9 must be submitted via mail postmarked no later than October 25, 2024, to:

Pizl v. Northwest Premier Investments Inc.
c/o CPT Group Inc.
50 Corporate Park
Irvine, CA 92606

The Notice you received with this Claim Form describes your legal rights and options. Please visit the official settlement website, www.northwestpremiersettlement.com, or call or email the Settlement Administrator, CPT Group Inc., at 1(888) 628-3574 or northwestpremiersettlement@cptgroup.com for more information or alternative ways to submit a claim form and receive payment. If your address or contact information changes, you must update the Settlement Administrator as soon as possible to ensure you receive your payment.

1. Estimated Settlement Payment

Your estimated settlement payment is \$1,112.39.

2. Settlement Class Member Information

I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and this claim form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

_____ Signature	_____ Date Signed		
_____ Address	_____ City	_____ State	_____ Zip
_____ Phone Number	_____ Email Address		

CLAIMS SUBMITTED OR POSTMARKED AFTER OCTOBER 25, 2024 WILL NOT BE VALID AND WILL NOT RESULT IN PAYMENT OF ANY FUNDS TO YOU:

Please see reverse side

Taxpayer Identification Number Certification - Substitute IRS Form W-9

Enter your Social Security Number: -- --

I certify that:

1. *The social security number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **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. person (including a U.S. resident alien).*

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.