

«EmployeeName»
«Address1», «Address2»
«City», «State» «Zip»

CLAIM FORM

Cabral v. Wemlo LLC, No. 50-2024-CA-011611-XXA-MB

DEADLINE: To receive your settlement payment, you must complete, sign, and return this Claim Form. Your Claim Form must be postmarked or submitted by **March 25, 2025**.

RETURN THIS CLAIM FORM BY MAIL, EMAIL, FAX, OR ONLINE TO:

Cabral v. Wemlo, LLC

c/o CPT Group, Inc.

50 Corporate Park

Irvine, CA 92606

Toll Free: 1-888-452-8006

Fax: (949) 419-3446

Email: wemloloanprocessorsettlement@cptgroup.com

Website: www.wemloloanprocessorsettlement.com

To submit a Claim Form online, please visit www.wemloloanprocessorsettlement.com and use your **CPT ID: «ID»** and **Passcode: «Passcode»**.

CHANGE OF ADDRESS: If you change your address, please inform the Settlement Administrator of your new address to ensure processing of your claim and mailing of your settlement check to the correct address. It is your responsibility to keep a current address on file with the Settlement Administrator.

CONSENT TO JOIN & AGREEMENT TO BE BOUND TO RELEASE: I agree to opt-in and 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.

ACKNOWLEDGMENT OF RELEASED CLAIMS: I fully and completely release any and all unpaid overtime federal and state claims that accrued during employment with Wemlo as an exempt-classified Loan Processor during the period of July 1, 2021 through November 20, 2024, including related claims for penalties, interest, liquidated damages, attorneys' fees, costs, and expenses.

Signature: _____

Date: _____

Print:

First

Middle

Last

Former (Maiden) Names worked under, if any: _____

Note: Your address and other identifying information will be kept confidential and will not be filed with the Court.

Street Address

City

State

Zip Code

E-mail Address: _____

Home phone: _____

Cell phone: _____