

CLAIM FORM

David Greenley, Individually and on Behalf of All Others Similarly Situated v. Mayflower Transit, LLC.
UNITED STATES DISTRICT COURT CASE NO. 21cv339-WQH-MDD

If you wish to file a claim to receive monetary compensation as described in the Settlement Agreement, you must submit this Claim Form to the Settlement Administrator, CPT Group, Inc. The Claim Form must be completed, signed, and postmarked by **April 11, 2022**, for it to be considered timely. A complete definition of the class qualifications and class terms is provided in the Settlement Agreement, which is available at www.cptgroupcaseinfo.com/MayflowerGreenley. There is a limit of one Claim Form per CLAIMANT.

Claim Forms must be submitted to:

Mayflower Transit Settlement Administrator
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

Full Name (Printed): _____

Address: _____

City, State, Zip Code: _____

Current Contact Telephone: _____

Email Address: _____

Select the method by which you would like to receive your settlement benefit.

Select only one:

☐

Check via mail.

☐

Direct Deposit/ACH

☐

Direct credit to my PayPal account

Please confirm the email address listed above is the correct address to receive notification of your payment.

Signature: _____

Date: _____

**For more information, call the Settlement Administrator toll-free at 1-888-723-0593 or visit
www.cptgroupcaseinfo.com/MayflowerGreenley.**