

DATA FORM

Lopez v. Diamond Mattress Company, Inc., Case No. BC720947

IF YOU DO NOT DISPUTE THE BELOW INFORMATION, NO RESPONSE OR FURTHER ACTION IS REQUIRED BY YOU. Your Individual Payment Amount under the Settlement will be calculated using the estimated number of workweeks you worked in California as listed in the Class Notice. The manner in which your estimated workweeks worked in California was calculated is described in Section 9 of the Class Notice. If you feel that the total number of workweeks worked in California is incorrect, you must complete all of the requested information, sign, and return this Data Form, along with any supporting documentation or information you want considered, faxed or postmarked no later than **May 25, 2020**, to:

Lopez v. Diamond Mattress Company, Inc., et al. Settlement Administrator
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Fax: 1-949-419-3446

<p>If you do not respond, your payment will be calculated using the information listed in the Class Notice.</p>
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A. YOUR NAME AND ADDRESS:

Please provide current address (if different) here:

B. YOUR EMPLOYMENT INFORMATION:

If you disagree with the estimated number of workweeks worked in California as noted in the Class Notice, please indicate the correct number of workweeks you believe you worked in California here: _____
and attach any supporting documentation or information that you would like considered.

C. YOUR ESTIMATED INDIVIDUAL PAYMENT AMOUNT:

Your estimated Individual Payment Amount is listed in the Class Notice. Your Individual Payment Amount is net of taxes attributed to the wage portion of your Individual Payment Amount and is based on your estimated workweeks worked in California as listed in the Class Notice. Your actual Individual Payment Amount may end up higher or lower depending on several factors.

D. ACKNOWLEDGEMENTS AND DECLARATION UNDER PENALTY OF PERJURY:

I have received the Class Notice and submit this Data Form under the terms of the proposed Settlement described. I understand that I am returning this Data Form to dispute the listed estimated number of workweeks worked in California as listed in the Class Notice. I acknowledge that I have included any documentation or information I would like considered in connection with resolving my dispute. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided is true.

Dated

Signature

Last Four Digits of Social Security Number : _____

Please Note: Failure to complete all of the required information above, provide documentation or supporting information, personally sign, date, and timely return this Form will result in rejection.