

FALEMA BRUTON, on behalf of herself and others
similarly situated,

Claimant,

Case Number: 01-16-0002-8917

–against –

JACARANDA CLUB, LLC d/b/a SAPPHIRE NEW
YORK, JACARANDA HOLDINGS LLC, CLUB AT 60TH
ST., INC., and DAVID MICHAEL TALLA,

Respondents.

CLAIM FORM AND RELEASE
INSTRUCTIONS

In order to receive your portion of the Settlement funds described in the Notice of Proposed Class Arbitration Settlement (“Notice”), you must complete and return this Claim Form and Release, including all valid tax information, to the Claims Administrator postmarked by August 2, 2017.

Bruton v. Jacaranda Club, LLC, et al.
c/o Arden Claims Service, LLC
P.O. Box 1015
Port Washington, NY 11050
Ph: 877-623-2703 | E-mail: info@ardenclaims.com

CHANGE OF ADDRESS

It is **your responsibility** to keep a current address on file with the Claims Administrator. Please make sure to notify the Claims Administrator of any change of address.

CLAIM FORM AND RELEASE

THIS FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR POSTMARKED BY AUGUST 2, 2017.

I understand that this Arbitration was brought under the Fair Labor Standards Act of 1938, as amended, 29 U.S.C. § 201, et seq. (“FLSA”) and the New York Labor Law (“NYLL”). I agree to be bound by the Class Arbitration Settlement herein approved by the Arbitrator as fair, adequate, and reasonable. I hereby designate the law firm of Leeds Brown Law P.C. to represent me in this Arbitration for the purpose of Settlement.

My signature, below, constitutes a full and complete release and discharge of Jacaranda Club LLC (“Sapphire New York”), Jacaranda Holdings, LLC, Club at 60th St., Inc. and David Michael Talla, individually, along with their insurers, past and present employees, contractors, officers, directors, attorneys, agents, servants, representatives, partners, owners, shareholders, members, predecessors and successors in interest, and assigns, from all wage and hour claims arising from my affiliation or association with Sapphire New York under the FLSA and the NYLL that were, or could have been, brought in this Arbitration and interest, liquidated damages, attorneys’ fees, and costs with respect to such claims, up to and including January 24, 2017, in exchange for a portion of the Net Settlement Fund.

I understand that my share of the Settlement Fund is based upon Sapphire New York’s records showing that I logged in the number of times listed below (“Number of Logins”) during the Covered Period, as that term is defined in the Notice. I understand that if I believe the number of logins is inaccurate, I will need to present documentary evidence and a sworn affidavit to support my challenge, as set forth in Question 5 of the attached Notice.

I declare under penalty of perjury that the above information is correct.

Name (print)	Signature	Date
[To be pre-inserted by Claims Administrator:] Name: _____ Street Address: _____ City, State, Zip: _____ Number of Logins: _____		[To be provided by you:] Telephone #: _____ Address, if different: _____ _____ _____

Substitute IRS Form W-9

Enter your Taxpayer Identification Number (TIN): -- --

Under penalty of perjury, I certify that:

1. The 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. citizen or other 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.