

CLAIM FORM AND RELEASE - INSTRUCTIONS

IN ORDER TO PARTICIPATE IN THIS SETTLEMENT, YOU MUST DO ALL OF THE FOLLOWING:

1. Completely fill out and sign the enclosed Claim Form and Release; AND
2. Completely fill out and sign the W-4 Form (enclosed); AND
3. Provide a copy of one form of a valid government or school issued picture identification, such as a copy of your passport, driver's license, or school ID; AND
4. You must submit all three of the above items to the Settlement Claims Administrator (see contact information below) by email, fax, or mail no later than **October 27, 2017**.

SETTLEMENT CLAIMS ADMINISTRATOR - CONTACT INFORMATION

Lalani v. Dualstar Entertainment
c/o Arden Claims Service, LLC
P.O. Box 1015
Port Washington, NY 11050
Tel: 877-623-2703 | Fax: 516-944-1771
Email: info@ardenclaims.com

DEADLINE

The deadline to participate in this action is **October 27, 2017** as evidenced by the postmark date (if sent by regular mail) or the email/fax submission date. Failure to submit the Claim Form and Release, W-4 Form, and picture ID by the deadline may prevent you from recovering any money from this settlement.

QUESTIONS

If you have any questions about completing or submitting the Claim Form, W-4 Form, or picture ID, please contact the Settlement Claims Administrator. You may also contact Class Counsel Virginia & Ambinder, LLP, 40 Broad Street, 7th Floor, New York, New York, 10004, (212) 943-9080, www.vandallp.com, or Leeds Brown Law, P.C., One Old Country Road, Suite 347, Carle Place, New York 11514, (800) 585-4658, www.leedsbrownlaw.com.

Do not call the Court with questions about this settlement.

PLEASE COMPLETE THE FOLLOWING:

In order to receive a payment from the Settlement, you must complete all of the information below and return: (1) this form; (2) one form of valid government or school issued picture identification; and (3) the completed Form W-4 to the Settlement Claims Administrator no later than **October 27, 2017**.

Name (first, middle and last): _____

Email Address: _____ @ _____ . _____

Home Street Address: _____

City, State, Zip Code: _____

Home Telephone Number: (____) _____

By signing and returning this form, I agree to participate in this settlement and authorize Virginia & Ambinder, LLP and Leeds Brown Law, P.C. (“Class Counsel”) to act on my behalf in all matters relating to the settlement of my claims. My signature below constitutes a full and complete release of all federal, state, and local law claims, obligations, demands, actions, rights, causes of action, and liabilities against any Released Defendant of whatever kind and nature, character and description, whether known or unknown, and whether anticipated or unanticipated, that accrue or accrued on any date up through **July 19, 2017** for wages, benefits and/or other remunerations of employment that in any way arise from or relate to my participation in Defendant’s internship program(s) as an Intern, including, without limitation: (i) claims for any type of relief under the New York Labor Law (“NYLL”) and/or the Fair Labor Standards Act (“FLSA”), including, without limitation, claims for wages, overtime, damages, unpaid costs, penalties (including late payment penalties), premium pay, liquidated damages, punitive damages, interest, attorneys’ fees, litigation costs, restitution, or equitable relief, or under any other legal theory for failure to pay minimum wage, failure to pay overtime, failure to pay for all hours worked, or to recover interest, liquidated damages, and/or penalties thereon; (ii) claims for any type of relief under the Employment Retirement Income Security Act (“ERISA”), including, without limitation, claims for vested and unvested employee benefits; (iii) Released Class Claims; (iv) claims arising out of or related to any contract, policy, practice, or employee handbook of Defendant concerning wages and hours and employee benefits; and (v) and any claims related to, derivative of, or based upon the claims in (i)-(iv) above, including for unpaid costs, penalties (including late payment penalties), liquidated damages, punitive damages, interest, attorneys’ fees, litigation costs, restitution, or equitable relief. . The information contained in this Claim Form and Release is true to the best of my knowledge under penalty of perjury.

Date: _____

(Sign your name here)

To participate in this settlement, you must submit (1) this Claim Form and Release, (2) the enclosed W-4 Form, and (3) provide a copy of a valid government or school issued picture ID, by email, fax, or mail to the Settlement Claims Administrator by October 27, 2017.