

**AAFES SHIFT DIFFERENTIAL CLASS ACTION OPT-IN CLAIM FORM
UNITED STATES COURT OF FEDERAL CLAIMS**

Russell, et al. v. United States, Case No. 14-cv-1062 SGB

First Name M.I. Last Name
Street Address 1
Street Address 2
City, ST Zip Code



Unique Claim Number: xxxxxxxx

You Have Been Sent This Class Action Opt-In Claim Form And Accompanying Notice Of Proposed Class Action Settlement, Because, According To Army & Air Force Exchange Service (“AAFES”) Records, You Are Within The Class The Court Has Certified And, If You Choose To Be Included In This Settlement, You Will Be Entitled To Recover Money For Past Underpayments for Night Shift Differential and/or Lump Sum Accrued Leave.

The Estimated Amount Of Money That You May Be Entitled To Receive Under This Proposed Settlement Is **\$xxxxxxx** (before withholdings for applicable taxes). This is the total dollar amount you were underpaid for night shift differential and/or lump sum accrued leave during the class period. You may receive less than this amount of money depending on various factors including the number of class members who file approved claims.

Instructions: To participate in the settlement and receive a payment, you must complete this opt-in claim form **and the W-4 Form** by signing, dating and returning them so that they are postmarked or received by the Settlement Administrator at the address below by **May 30, 2017**. Please fill out these forms completely and legibly. It is your responsibility to ensure that the information you provide is complete and accurate.

If the person to whom the notice and claim form are addressed is deceased or has been declared legally incompetent and there is a legal representative (such as a guardian or executor), then the heir or legal representative should complete these forms on behalf of the addressee and is responsible to ensure that the information is complete and accurate.

Claim forms can also be submitted online at www.AafesShiftDifferentialSettlement.com.

1. Please fill in the contact information below (i.e., for the person completing this form).

Your Name: _____

Current Street Address: _____

City: _____ **State:** _____ **Zip** _____

Home Telephone: _____ **Work Telephone, if any:** _____

Cell Telephone, if any: _____ **E-Mail Address, if any:** _____

If you change your address after submitting this form, you must inform the Settlement Administrator at the address listed on the final page of this form or you may not receive your payment.

2. You **must** complete the following Form W-4 for your claim to be valid. You must respond to each item in the Employee's Withholding Allowance Certificate below and sign and date the Certificate.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2017
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____	5 _____	
6 Additional amount, if any, you want withheld from each paycheck _____	6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____

You have been sent this notice and claim form because AAFES' records indicate that you have been underpaid for night shift differential and/or lump sum accrued leave. You acknowledge that acceptance of payment resulting from a claim filed will be a final settlement of all claims for night shift differential and/or lump sum accrued leave earned during the period of time covered by this claim that you may have against the United States.

I certify that to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that any knowingly false or fraudulent information on or attached to this application may be punished under any relevant administrative, civil or criminal process.

3. Sign Your Name: _____ Date: _____

Print Your Name: _____

If you are filing this as an heir or guardian or executor, indicate the capacity in which you are making this filing: _____

4. Mail, fax or email this completed claim form to:

AAFES Shift Differential Settlement
 c/o Settlement Administrator
 P.O. Box 1327
 Blue Bell, PA 19422
 Fax No: (215) 641-8680
 Email Address: Claims@AafesShiftDifferentialSettlement.com

For more information (or to obtain another copy of the claim form) go to www.AafesShiftDifferentialSettlement.com or call 1-800-222-2760.

PRIVACY ACT STATEMENT: Authority for collection of this information is 5 U.S.C. Section 6311 and E.O. 9397. The purpose for which the information will be used is to administer and process your claim for payment under the settlement. The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, as amended. Providing this information is voluntary, however, failure to supply required documentation may result in the denial of all or part of your claim.