CLAIM FORM AND RELEASE

Zatko. v. Trulieve Cannabis Corp., No. 50-2024-CA-010623-XXXA-MB

DEADLINE: To receive your settlement payment, you must complete, sign, and return this Claim Form. Your Claim Form must be postmarked or submitted by <u>April 25, 2025.</u>

RETURN THIS CLAIM FORM BY MAIL, EMAIL, FAX, OR ONLINE TO:

Trulieve Cannabis Corp. Assistant General Manager Settlement c/o Arden Claims Service LLC PO Box 1015 Port Washington, NY 11050 Tel: 516-347-2030 | Fax: 516-842-5402 E-mail: info@TrulieveAGMSettlement.com Website: TrulieveAGMSettlement.com

CHANGE OF ADDRESS: If you change your address, please inform the Claims Administrator of your new address to ensure processing of your claim and mailing of your settlement check to the correct address. It is your responsibility to keep a current address on file with the Claims Administrator.

CONSENT TO JOIN & AGREEMENT TO BE BOUND TO RELEASE: I agree to be bound by the collective action settlement and release approved by the Court as contained in the settlement agreement. I hereby designate the Shavitz Law Group, P.A. to represent me in this action.

ACKNOWLEDGMENT OF RELEASED CLAIMS: I fully and completely release any and all federal and state (e.g. state, county or municipal law) unpaid overtime claims that have accrued during my employment with Trulieve as an exempt-classified Assistant General Manager at any time during the period of September 1, 2021 through September 1, 2024, including related claims for penalties, interest, liquidated damages, attorneys' fees, costs, and expenses. I further acknowledge that I shall be forever barred (individually, as a representative member of any class, and through any collective proceedings) from filing any civil action, lawsuit, grievance, demand for arbitration, charge, claim, and/or administrative complaint against Trulieve or any of the Released Parties, based upon or arising out of, or related to, any such claims.

Signature:	Date:
Print:	
First Mid	dle Last
Former (Maiden) Names worked under, if any:	
Note: Your address and other identifying information will be kept confidential and will not be filed with the Court.	
Street Address	
City Sta	te Zip Code
E-mail Address:	
Home phone:	Cell phone: