

CONFIDENTIAL

CLAIM FORM AND RELEASE

I want to accept my estimated settlement. I have read the Notice regarding the overtime settlement with Phillips 66 Company, and I had the opportunity to talk to Class Counsel, attorneys for Plaintiff in the Lawsuit, about my rights and obligations under the settlement. I am making an informed, knowledgeable, and voluntary decision to sign this Claim Form and Release so I can obtain my settlement payment.

I understand that if I want to participate in this settlement that my signed Claim Form and Release must be postmarked, faxed, emailed or submitted online by August 31, 2020 or I will not receive any money under the settlement.

Release of Claims. In exchange for the considerations of my Settlement Payment, I do hereby and forever release, acquit, and discharge Phillips 66, which includes its attorneys and past, present, and future divisions, affiliates, predecessor, successors, shareholders, officers, directors, employees, agents, trustees, representatives, administrators, fiduciaries, assigns, subrogees, executors, partners, parents, subsidiaries, and privies from any and all claims, causes of actions, demands, debts, obligations, damages or liability, known or unknown, which concern or relate in any way to the payment of wages or bonuses or any other form of compensation under the FLSA, the NJSWHL, or any other federal, state, or local wage-and-hour law and any and all claims for retaliation under the FLSA, the NJSWHL, or state wage-and-hour statutes, whether those claims exist, or allegedly exist, at law or in equity under the common law, contract law, statutory law, the FLSA, the NJSWHL, and other state wage-and-hour laws, as well as any and all derivative claims under the Employee Retirement Income Security Act, 29 U.S.C. §§201, et seq. The released claims are intended to include any and all claims that were raised in the Lawsuit, and any and all claims for attorneys' fees, costs, and expenses, including but not limited to, any claims for attorneys' fees related to services rendered by the counsel of record in the Lawsuit and/or any other counsel who has provided services to the Settlement Class Members. Excluded from this Release is Hayes Field Services Company, LLC, its owners, directors, officers, principals, agents, employees, representatives, parents, shareholders, partners, subsidiaries, holding companies, affiliates, predecessors, successors, assigns, joint venturers in their individual and corporate capacities.

For tax reporting purposes, One Hundred Percent (100%) the settlement payment will be reported on a Form 1099. You agree to assume full responsibility to any federal, state or local taxing authorities for any tax consequences, including interest and penalties, regarding income and other taxes arising out of the payment to me as described above. You agree that P66 has made no representations regarding the proper tax treatment of such payments.

By submitting this Claim Form and Release, I designate the Named Plaintiff, Carl Hester, and his attorneys (Class Counsel) as my representative(s) to make decisions on my behalf concerning the Settlement, attorney's fees and costs. I agree to be bound by the terms of the Settlement Agreement and Release signed by Mr. Hester in this case. Upon receipt of my settlement payment, I acknowledge and agree that I am waiving and releasing any and all claims for unpaid wages or overtime and any other claims for unpaid compensation against P66 during the period beginning three years back from the date I sign my Claim Form and Release.

I declare the foregoing representations and information are true and correct, and submit this Claim Form and Release as my voluntary act and deed.

This information will be maintained securely and confidentiality.

(Sign Your Name Here)

(Date)

Printed Name

Cell Phone

Email Address

Address

City, State, ZIP

Emergency Contact Number

IRS W-9 FORM

To timely receive payment, please complete the substitute IRS Form W-9 form below.
Sign, date and mail this form to on or before August 31, 2020:

**Overtime Lawsuit Against P66
HESTER V PHILLIPS 66 CO SETTLEMENT ADMINISTRATOR
C/O CPT GROUP, INC.
50 CORPORATE PARK
IRVINE, CA 92606
FAX: 1-949-419-3446
EMAIL: HESTERPHILLIPS66SETTLEMENT@CPTGROUP.COM
WEBSITE: WWW.HESTERPHILLIPS66SETTLEMENT.COM**

Taxpayer Identification Number Certification - Substitute IRS Form W-9

Enter your Social Security Number (SSN) or Employer Identification Number (EIN):

SSN: _ _ _ - _ - _ _ _ _ _ OR EIN: _ _ - _ _ _ _ _ _ _ _

Check Appropriate box: Individual/Sole Prop. Other _____

Print name as shown on your income tax return if different from Payee: _____

Under penalties of perjury, I certify that:

1. The taxpayer identification number shown on this form is my correct taxpayer identification number, and
2. I am a U.S. person (including a U.S. resident alien). Please Check one: Yes No

Signature: _____