Ballard v. Wal-Mart
Settlement Administrator
PO Box 4390
Portland, OR 97208-4390

CLAIM FORM

TO RECEIVE A MONETARY PAYMENT AS PART OF THIS SETTLEMENT YOU MUST COMPLETE AND SIGN THIS CLAIM FORM.

YOU HAVE RECEIVED THIS NOTICE BECAUSE WAL-MART'S RECORDS SHOW THAT YOUR EMPLOYMENT AT A WAL-MART STORE, SAM'S CLUB, OR DISTRIBUTION CENTER IN CALIFORNIA ENDED BETWEEN MARCH 20, 2002 AND MARCH 26, 2010.

YOU MUST MAIL THE COMPLETED AND SIGNED CLAIM FORM BY U.S. MAIL, POSTMARKED ON OR BEFORE NOVEMBER 4, 2010, IN THE ENCLOSED SELF-ADDRESSED ENVELOPE (WHICH DOES NOT REQUIRE ANY POSTAGE) OR BY MAILING TO THE ADDRESS BELOW:

Ballard v. Wal-Mart Settlement Administrator, PO Box 4390, Portland, OR 97208-4390

You may send the Claim Form to the Claims Administrator via United States mail. If you use regular United States mail, you can verify that your claim form was received in a timely manner by the Administrator by checking the status of your claim form on the Administrator's website, at www.BALLARDvsWAL-MART.com, or by calling toll free to 877-580-9734. If you choose to do so, you may also elect to send the claim form to the Claims Administrator via certified mail, and take care to retain the receipt for proof of mailing.

Please Type or Print in the Boxes Below; Do NOT use Red Ink, Pencil, or Staples

Your settlement share was determined by the formula described in the accompanying Notice of Settlement. **Under this Settlement, Settlement Class Members who submit valid claims will be entitled to receive a payment between Fifty Dollars ($50) and Six Hundred Dollars ($600).** The amount you are eligible to receive will depend on your particular circumstances.

To be eligible to receive a settlement payment, you must complete this Claim Form and mail it to the Claims Administrator as directed below. Failure to complete sections 1, 2, 4, or 5 (if applicable) could be grounds to deny your Claim Form.

1. Enter your name and current address in the fields below:

First Name | MI | Last Name

Name at the time of employment with Wal-Mart if different than above:

First Name | MI | Last Name

Current Address

City | State | Zip Code

Phone Number – –

Secondary Phone Number – –

2. Social Security Number: – –

3. Applicable taxes will be deducted from any payment you receive under the Settlement. You may choose the method by which these taxes will be deducted by selecting one of the following two options. Put an "X" next to the option you select.

☐ **Option A:** Complete a Form W-4 and have taxes withheld from your payment based on the marital status and withholding exemptions you list on the Form W-4. If you choose this option, you should put an "X" next to "Option A" and complete the Form W-4 that was included in the Notice packet that was mailed to you.

☐ **Option B:** Do not complete a Form W-4, and have taxes withheld at the rate of a single person claiming no withholding exemptions. If you choose this option, you should put an "X" next to "Option B," and you should not complete the Form W-4 that was included in the Notice packet that was mailed to you.

4. I hereby affirm, under penalty of perjury, that the information I have provided in this Claim Form is true and correct to the best of my knowledge and this is the only Claim form that I have submitted.

   I further understand, acknowledge, and agree that I will receive only **ONE** payment from this settlement, that the amount I will receive shall be calculated in accordance with the terms of the Settlement Agreement and subject to the terms of the Settlement Agreement, including the release of claims as more fully described in the Settlement Agreement.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security 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. person (including a U.S. resident alien).

You must cross out item 2 in this box/above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Date ☐☐ – ☐☐ – ☐☐ Signature ____________________

MM **DD** **YY**

5. If you are under the age of eighteen (18) when you submit this Claim Form, you must also have a parent or guardian sign below:

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Parent or Guardian Name (print)

Parent or Guardian Signature

Relationship to Claimant

All submissions must be postmarked no later than **November 4, 2010**. You should mail your completed Claim Form and W-4 (if completed) to: Ballard v. Wal-Mart Settlement Administrator, PO Box 4390, Portland, OR 97208-4390.