

63/67 Wall Street Class Action Claim Form

ATTENTION: To make a claim for a cash payment pursuant to the Settlement of the action titled *Tallen Todorovich v. 63 Wall Street Owners, L.L.C., et al.*, New York Supreme Court Index No. 161441/2019 (which is otherwise known as the “63/67 Wall” Class Action), please complete the attached form and mail it to the Claims Administrator at the following address:

63/67 Wall Street Class Action
c/o A.B. Data, Ltd.
P.O. Box 173129
Milwaukee, WI 53217

Instructions

1. You must provide **all** the information requested on the **next two pages** of this Claim Form, including your unique **Notice Number** (which appears above your address on the front of the Notice you received containing this Claim Form).
2. You must **sign** the Form and **mail it, postmarked on or before July 14th, 2021**, to the Claims Administrator at the above address. **Failure to mail a fully completed form to the appropriate address by the deadline will result in forfeiture of any cash payment to which you might otherwise be entitled.**
3. Every co-tenant who signed your lease or leases for any apartment that is subject to the Settlement **must sign and submit a separate Claim Form** unless you qualify to submit a Joint Claim Form under the next paragraph.
4. You and your co-tenant(s) may file this form jointly **ONLY IF** (a) **you each signed each lease you identify below**; (b) **no co-tenant is filing a claim in connection with any other lease or apartment** (for example, a prior or later apartment in which you did not all live together); and (c) **each co-tenant signs** this Claim Form and **provides** his or her unique **Notice Number**.

NOTICE: By signing this form, you are stating, representing, and warranting, under penalty of perjury, that you are a person who signed one or more leases for the apartment(s) you identify on the form, or an authorized legal representative of such a person within the meaning of paragraph 6(f) of the Stipulation and Agreement of Settlement in this Action, who is entitled to file a claim for rent reimbursement relating to the apartment(s) you identify on the form, and that you have not sold, assigned, pledged, transferred, or lost through bankruptcy, divorce proceeding, or, to the best of your knowledge, by any other operation of law, the right to receive the full reimbursement that may be available to you under the Settlement.

63/67 Wall Street Class Action Claim Form

TYPE OF CLAIM BEING SUBMITTED: (check the appropriate box)

I am submitting: [] a Claim for myself only [] a Joint Claim for myself and others.

PERSONAL INFORMATION: Please provide your name and current contact information. If this is a Joint Claim, all co-tenants must provide their names and current contact information.

Last Name	First Name	Middle Name	Daytime Phone Number
Current Street Address/Apt. No.		City, State	Zip Code
Email Address:			
Co-Tenant LastName	First Name	Middle Name	Daytime Phone Number
Current Street Address/Apt. No.		City, State	Zip Code
Email Address:			
Co-Tenant LastName	First Name	Middle Name	Daytime Phone Number
Current Street Address/Apt. No.		City, State	Zip Code
Email Address:			

RENTAL INFORMATION: Please provide the address(es) of the apartment(s) which you rented at 63 Wall Street or 67 Wall Street from November 24, 2013, to the present, the start date and the end date for your leases for those apartments, and the names of your co-tenants who signed the lease(s) along with you, if any. Do not provide the names of any co-tenants who did not sign the lease(s). If you need additional space, please continue on a separate page.

Street Address and Apt. No.	Lease Start Date	Lease End Date	Co-Tenants (if any)

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I (we) do hereby swear (or affirm), under penalty of perjury, that the information listed above is true and accurate to the best of my (our) knowledge, that I am (we are) entitled to file this Claim Form and receive any cash payment that may be owed as to the above leases under the Settlement of this Action, and that this Claim Form was executed by me (us) at the place(s) and date(s) noted below.

_____, _____ _____ _____
City State Date Signature of Tenant Claimant

Print Your Name

Your Unique Notice Number
(appears above your address on the front of the Notice)

_____, _____ _____ _____
City State Date Signature of Co-Tenant Claimant (if any)

Print Your Name

Your Unique Notice Number
(appears above your address on the front of the Notice)

_____, _____ _____ _____
City State Date Signature of Co-Tenant Claimant (if any)

Print Your Name

Your Unique Notice Number
(appears above your address on the front of the Notice)

If signed by an authorized Legal Representative of a Claimant or Co-Tenant Claimant:

_____, _____, _____
City State Date Signature of Person Signing for Claimant

Print Your Name

Claimant's Unique Notice Number
(appears above Claimant's address on the front of the
Notice he or she received)

Capacity of Person signing for Claimant
(e.g., Executor, Administrator, President, etc.)

_____, _____, _____
City State Date Signature of Person Signing for Co-Tenant Claimant

Print Your Name

Co-Tenant Claimant's Unique Notice Number
(appears above Co-Tenant Claimant's address on the
front of the Notice he or she received)

Capacity of Person signing for Co-Tenant Claimant
(e.g., Executor, Administrator, President, etc.)

REMINDER: YOU MUST SIGN THIS FORM AND MAIL IT, POSTMARKED ON OR BEFORE JULY 14, 2021, TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS ON THE FIRST PAGE OF THIS FORM. FAILURE TO MAIL A FULLY COMPLETED FORM TO THE APPROPRIATE ADDRESS BY THAT DATE WILL RESULT IN FORFEITURE OF ANY CASH PAYMENT TO WHICH YOU MIGHT OTHERWISE BE ENTITLED.

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COURT APPROVED NOTICE REGARDING
63/67 Wall Street Class Action