

COLOMBIAN HOUSEKEEPER SETTLEMENT CLAIM FORM

You may be eligible to receive a payment from the **\$4,950,000** USD Settlement if:

- ✓ You are a Colombian National or of Colombian origin;
- ✓ You were paid by Perennial Pete, LLC (“Perennial Pete’s”) or one of its affiliated entities or companies, including SM Cleaning Solutions Inc.; WD Cleaning Solutions Inc.; DM Cleaning Solutions Inc.; JM Cleaning Solutions Inc.; EV Cleaning Solutions Inc.; EM Cleaning Services and Solutions Inc.; SD Cleaning Services and Solutions Inc.; and
- ✓ You provided housekeeping services at resorts in the United States where MasterCorp was responsible for housekeeping between March 19, 2021 and May 15, 2024.

**The easiest way to file is online at
www.ColombianHousekeeperSettlement.com.**

***Para acceder este Formulario de Reclamación en español, junto con otra información importante acerca del Acuerdo, visite
www.ColombianHousekeeperSettlement.com.***

INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM

1. Before completing this Claim Form, please review the Settlement Notice at www.ColombianHousekeeperSettlement.com.
2. Please complete all portions of Section A – Claimant Information.
3. Please complete as much as you can of Section B – Work Information.
4. Please complete Section C if you have documentation to support your filing.
5. Please complete and sign the Attestation at Section D.
6. **DEADLINE** – Your Claim Form must be mailed to the Settlement Administrator, or submitted online, by **November 1, 2024**. Any claims postmarked or electronically submitted after **November 1, 2024**, will not be eligible for a payment. If you are submitting your claim by mail, please send it to:

Colombian Housekeeper Settlement
c/o JND Legal Administration
PO Box 91308
Seattle, WA 98111

7. **Privacy** – The information you provide in the Claim Form will not be shared with anyone other than the Settlement Administrator, the Court, and the Parties in this case. It will be used **only** for purposes of administering this settlement (such as to review a claim for completeness and accuracy).

Questions? Visit www.ColombianHousekeeperSettlement.com or call toll-free from the U.S. at 1-888-825-1238 or from Colombia at 01-800-519-1529.
To view JND’s privacy policy, please visit <https://www.jndla.com/privacy-policy>

SECTION A - CLAIMANT INFORMATION

First Name	M.I.	Last Name
Current Address (<i>Street, City, State, Postal Code, Country</i>)		
Email Address	Phone Number	
<p>Mark the box to choose your preferred method of payment:</p> <p><input type="checkbox"/> Payment via a Settlement Check (U.S. only) - <i>If selecting this option, please double-check that the <u>address information</u> above is correct and current.</i></p> <p><input type="checkbox"/> Payment via PayPal – <i>If selecting this option, please enter the <u>email address</u> associated with your PayPal account.</i></p> <p>PayPal Email: _____</p>		

SECTION B - WORK INFORMATION

<p>Please complete the following information to the best of your knowledge.</p> <p>You do NOT need to have all of this information. Just put as much as you can.</p> <p>Claim Forms with more complete and accurate information are more likely to be approved and paid.</p>	
Dates of employment:	
Name and location of each resort where you worked (If you do not remember the name of the Resort, please enter city and state.):	
Name of the company that issued your paystub:	
Name of your manager:	
Name of the person who recruited and/or hired you:	
Address where you lived while employed (If you do not remember	

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the complete address, please enter city and state and if you lived onsite at the Resort.):

SECTION C – EMPLOYMENT DOCUMENTATION

Please list below any document(s) you have to support your claim that you were paid by Perennial Pete’s or one of its affiliated entities or companies and provided housekeeping services at resorts in the United States where MasterCorp was responsible for housekeeping between March 19, 2021 and May 15, 2024. Documents that support your claim may include a copy of your paystub, travel documents, any communications from the person who hired you and/or your manager, including WhatsApp messages, and/or postmarked mail addressed to you at the address where you resided while employed.

If you mail your Claim Form, please make sure to enclose copies of your documentation. Claim forms with Proof of Employment are more likely to be approved and paid.

SECTION D – ATTESTATION

By submitting this Claim Form and signing below, I hereby affirm that I am at least 18 years of age and that the information provided above, and any enclosed Proof of Employment, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Your claim will be submitted to the Settlement Administrator for review. If you are eligible for a payment, and the proposed Settlement is approved, you will be provided payment in the manner requested above. This process takes time. Please be patient.

Reminder Checklist:

- ✓ Please complete all the information requested above and sign the Claim Form.
- ✓ Enclose your Employment Documentation, if you have it, along with the Claim Form.
- ✓ Keep a copy of your Claim Form and supporting documentation for your records.
- ✓ Your claim must be submitted electronically or postmarked by **November 1, 2024**.
- ✓ Your claim must be submitted electronically at www.ColombianHousekeeperSettlement.com or mailed to: Colombian Housekeeper Settlement, c/o JND Legal Administration, PO Box 91308, Seattle, WA 98111. The easiest way to file your claim is online.
- ✓ If you have any questions, please visit the website at www.ColombianHousekeeperSettlement.com or call toll-free from the U.S. at 1-888-825-1238 or from Colombia at 01-800-519-1529.
- ✓ Please note that the Settlement Administrator may contact you to request additional information to validate your claim.