

Supplemental Retirement Benefits Class Action

Potential Class Member Questionnaire

Please email a copy of this form to SRB@murphybattista.com and our intake team will be in touch to confirm receipt and next steps.

Your full legal name: _____

Other name/aliases: _____

Preferred phone: _____ Preferred email: _____

Other phone: _____

Address: _____

Who are you submitting the form on behalf of? (whether on your own behalf or on behalf of a family member)

Applicable service number of the veteran (optional): _____

Have you been notified by anyone regarding the proper steps to take to become entitled to supplemental retirement benefits or how to maximize the amount of your supplemental retirement benefits?	Yes	No
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If yes, please send us a copy of any letters or correspondence what you have been sent (with your Social Insurance Number blacked out). You can provide a JPG, PDF, or screen shot of the document (whichever is easiest for you) and attach it along with this form and email to SRB@murphybattista.com

Are there any other details you think are important? If so, please explain.