



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): _____

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| 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 |
|--|-----|----|

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.