

ELECTION FORM
INSTRUCTIONS: FILL OUT AND RETURN ELECTION FORM
BY JANUARY 12, 2026

* RETAIN A COPY OF YOUR CONFIRMATION NUMBER WHEN YOU SUBMIT THIS
ELECTION FORM, ALONG WITH ANY INFORMATION THAT WOULD DEMONSTRATE
THE TIME AND MANNER IN WHICH IT WAS SUBMITTED *

Your Estimated Settlement Award is: **«SubClass1_Amt»**
Which is Based on **the ratio of the total number of Class Members who do not
opt out of this Settlement to the Net Settlement Fund.**

If you wish to designate a particular form of payment for your share of the Settlement, please sign, date, and return this Election Form to the Settlement Claims Administrator by either website submission at <https://www.stjosephsnyrefundlawsuit.com>. or postal mail by January 12, 2026, to:

CPT ID	«ID»
Passcode	«Passcode»

Croce v. St. Joseph's College of New York
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
Toll Free Number: 1-888-271-0083

You are not required to complete this Election Form in order to receive a payment. If you do not complete this form, you will receive your share of the Settlement in the form of a check sent to your last known mailing address.

Check one box below:

<input type="checkbox"/>	I would like to receive my Settlement cash benefit by paper check via First Class Mail. My mailing address has changed from what is printed above (<u>only complete if NEW address</u>): Street: _____ City: _____ State: _____ Zip Code: _____
<input type="checkbox"/>	I would like to receive my Settlement cash benefit via PayPal. PayPal Account Email Address: _____
<input type="checkbox"/>	I would like to receive my Settlement cash benefit via Venmo. Venmo Account Username: _____

Signature: _____

Date: _____

Phone Number: _____

Email: _____

You must keep a current address on file with the Settlement Claims Administrator and Class Counsel, along with a valid phone number and email address for updates.