### CONSENT TO JOIN SETTLEMENT AS A PLAINTIFF, RELEASE, AND CLAIM FORM

# TO RECEIVE MONEY FROM THIS SETTLEMENT IN EXCHANGE FOR YOUR RELEASE OF CLAIMS, YOU MUST COMPLETE AND SUBMIT THIS FORM BY MARCH 14, 2025.

#### Cusack, et al. v. SROA Capital, LLC d/b/a/ Storage Rentals of America Case No. 50-2024-CA-003837-XXXA-MB (Fla. 15<sup>th</sup> Jud. Cir.)

To receive your settlement payment, become a party to the case, and release your right to sue for the settled claims, you must complete, sign, and return this Claim Form in the enclosed pre-paid envelope, submit it online, or by email to:

Cusack v. SROA Capital, LLC c/o CPT Group, Inc. 50 Corporate Park Irvine, CA 92606 Toll Free: 1-888-921-5003 / Fax: 949-419-3446 Email: SROAClaims@cptgroup.com Website: www.SROAClaims.com

Your Claim Form must be postmarked or otherwise received online or by facsimile or email by March 14, 2025. If you lose the envelope, you should send the Claim Form to the address listed above.

# CONSENT TO JOIN & AGREEMENT TO BE BOUND BY RELEASE:

I hereby consent, agree, and opt-in to be a party Plaintiff in the above-captioned collective action. I further agree to be bound by the collective action settlement and release approved by the Court as contained in the settlement agreement. I hereby designate the Shavitz Law Group, P.A. to represent me in this action. I understand that by filing this consent, I will be bound by the judgment of the Court on all issues in this case.

# **RELEASE OF YOUR CLAIMS**

By signing and timely submitting this Claim Form, I hereby release SROA Capital, LLC, together with its parents, subsidiaries, divisions, partners, members, predecessor and successor corporations and business entities, and their agents, directors, officers, employees, shareholders, representatives, attorneys, and employee benefit plans and administrators (collectively, the "Released Parties") of and from: any and all wage and hour claims under applicable federal, state and local law, for overtime claims that accrued during my employment as a Store Manager, relating back to the full extent of the federal statute of limitations, all state and continuing through the date of the filing of the motion for approval of settlement, including, without limitations, all state and federal claims for unpaid overtime wages, and related claims for penalties, interest, liquidated damages, attorneys' fees, costs, and expenses.

Signature:	Date:		
Print:			
First	Middle	Last	
Former (Maiden) Names worked un	der, if any:		

### Note: Your address and other identifying information will be kept confidential and will not be filed with the Court.

**CHANGE OF ADDRESS:** If you change your address, please inform the Settlement Claims Administrator of your new address to ensure processing of your claim. It is your responsibility to keep a current address on file with the Settlement Claims Administrator. Please contact the Settlement Claims Administrator at the address, phone number or e-mail address listed above.