CLAIM FORM

Botcher, et al. v. Make School PBC, et al. San Francisco County Superior Court Case No. CGC-21-592710

<u>Instructions</u>: Settlement Class Members may submit a Claim either electronically through the Settlement Website, or in writing. You must submit this Claim Form to the Settlement Administrator in order to receive Yellow Ribbon Claimant benefits or select a payment agreement term of less than 180 months. You also must submit a Claim Form if you need to update your contact information.

The deadline for submitting your Claim Form is February 8, 2024. You may submit your Claim Form through the Settlement Website or by U.S. Mail, a delivery service such as Federal Express, or e-mail to the Settlement Administrator at the following address:

Botcher et al. v. Make School PBC Settlement Administrator c/o CPT Group, Inc. 50 Corporate Park Irvine, CA 92606

Email: makeschoolsettlement@cptgroup.com

Phone: (888) 910-3208

If you return the Claim Form via U.S. Mail or a delivery service, it is highly recommended that you use a method by which you can prove the Claim Form was delivered to the Settlement Administrator, such as Certified Mail, with return receipt requested. The parties, counsel for the parties, and the Settlement Administrator are <u>not</u> responsible for lost or undelivered mail. Settlement Class Members may also call or e-mail the Settlement Administrator to confirm receipt of this Claim Form.

Current Contact Information

| First Name: | Last Name: | |
|-----------------------------------|----------------|-----------|
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Email Address: | Phone Number:_ | |
| Launch Account Number (if known): | | |

Payment Agreement Term Selection

Unless canceled under the Settlement, your Make School income share agreements will be converted into a single Payment Agreement that is a no-interest, income-protected payment plan. The Payment Agreement will require fixed monthly payments spread out over a term of 60, 120,

| www.makeschoolsettlement.com. |
|--|
| Please select the term length of your Payment Agreement. <u>If you do not select a term length, your Payment Agreement will have a term of 180 months.</u> |
| [] 60 months [] 120 months [] 180 months |
| Yellow Ribbon Claimants |
| If you are eligible for the U.S. Department of Veteran Affairs Yellow Ribbon Program, you may seek additional Settlement benefits by completing the form below and providing the required documentation. |
| Section 1: Direct or Indirect Eligibility |
| [] I am entitled to Post-9/11 GI Bill benefits based on my own military service. |
| [] I am entitled to Post-9/11 GI Bill benefits because I am the spouse or dependent child of someone else who is entitled to those benefits, and that person (the "Transferor") transferred his or her benefits to me via a Transfer of Education Benefits approved by the United States Department of Defense. |
| Transferor name: |
| Section 2: Eligibility for Yellow Ribbon Program |
| [] I or the Transferor served at least 36 months on active duty (either all at once or with breaks in service) and was honorably discharged; or |
| [] I or the Transferor is an active duty service member who has served at least 36 months on active duty (either all at once or with breaks in service); or |
| [] I or the Transferor received a Purple Heart on or after September 11, 2001, and was honorably discharged after any amount of service; or |
| [] I or the Transferor served at least 30 continuous days (all at once, without a break) on or after September 11, 2001, and was discharged or released from active duty for a service-connected disability, or |
| [] I am a Fry Scholar. |
| Section 3: Certification |
| Before I entered into an income share agreement with Make School, Make School |

or 180 months. The monthly payment amounts for each option are available at

I declare under penalty of perjury under the laws of the United States of America that the immediately above statement and my answers to Sections 1 and 2 of the Yellow Ribbon section of this Claim Form are true and correct.

represented to me that the school offered, or would offer, the Yellow Ribbon program.

| Signature: | |
|-----------------------------|---|
| Print Name: | |
| | llow Ribbon claimant, you must submit a copy of the applicable tates Department of Defense form DD-214 together with this |
| | receive Yellow Ribbon benefits if your claim is verified by your |
| answers above and the fo | m DD-214 you submit. |
| For further information, vi | it www.makeschoolsettlement.com. |
| Please sign and date the cl | m form below. |
| Date: | Signature: |