

CLAIM FORM AND RELEASE

Quella, et al. v. Lands' End, Inc., Case No. 23-cv-1323
United States District Court, Eastern District Of Wisconsin

**TO SHARE IN THE FLSA COLLECTIVE FUND, YOU MUST COMPLETE,
SIGN AND RETURN THIS CLAIM FORM.**

THE CLAIM FORM MUST BE POSTMARKED OR RECEIVED BY NO LATER THAN FEBRUARY 28, 2025

**RETURN TO: Lands' End Settlement
P.O. Box 2006
Chanhassen, MN 55317-2006
(833) 608-5040
LESettlement@noticeadministrator.com
www.LESettlement.com**

The records of Lands' End, Inc. ("Lands' End") indicate that you were employed by Lands' End between October 6, 2020 and July 31, 2024 and during this time, had the job responsibilities of Customer Service Employee or a similar position as alleged in the Complaint, and are eligible to participate in the Settlement Agreement summarized in the Notice. Based on this, the estimated gross Individual Settlement Amount you will receive if you timely submit this completed form is **\$165.44** if you worked for Lands' End in Wisconsin between October 6, 2021, through July 31, 2024, or **\$44.49** if you worked for Lands' End in the United States outside of Wisconsin prior to October 6, 2021.

By signing and returning this form, you are claiming your Individual Settlement Amount indicated above and you are consenting to join the above-captioned settled lawsuit brought to recover wages under the Fair Labor Standards Act and state law. The Court has already reviewed and preliminarily approved the terms of the settlement.

By signing and returning this form, you acknowledge that you are agreeing not to sue the Released Parties, as described in the Notice and Agreement, for any claims that are released as set forth in the Notice and Agreement. You agree to be bound by this Settlement and not to sue or otherwise make a claim against any of the Releasees as to any of the Released Claims.

CONSENT TO BECOME A PARTY PLAINTIFF

I, the undersigned, whom Defendant employed as an hourly, non-exempt employee between October 6, 2020 and July 31, 2024 and during this time, had the job responsibilities of Customer Service Employee or a similar position as alleged in the Complaint, hereby consent to be a party Plaintiff in this lawsuit, which is an action to recover unpaid wages, including overtime compensation not paid pursuant to the requirements of the Fair Labor Standards Act. By my signature below, I designate the named Plaintiff and his attorneys as my representatives to make decisions on my behalf concerning the litigation, the manner and methods of conducting this litigation and decisions regarding settlement, attorneys' fees and costs and all other matters pertaining to this lawsuit. I understand that while I have the right to choose other counsel and pursue my claims on my behalf, I choose to be represented by Class Counsel from Walcheske & Luzi, LLC, and other attorneys with whom they may associate.

Date: _____ Sign your name here: _____

[CONTINUED ON BACK]

CORRECTIONS OR ADDITIONAL INFORMATION

Write any name and address corrections below if any is necessary **OR** if there is no preprinted data, please provide your name (including any name you used while employed at Lands' End) and address here:

Name: _____
(include any name(s) you used while employed at Lands' End)

Address: _____
