

28 Bedford Street Class Action Claim Form

I (we) do hereby swear (or affirm) under penalties of perjury, that the information listed above is true and accurate to the best of my (our) knowledge, that I am (we are) entitled to file this Claim Form and receive any cash payments that may be owed as to the above leases under the Settlement of this Action, and that this Claim Form was executed by me (us) at the place(s) and date(s) noted above.

_____, _____, _____
City State Date Signature of Tenant Claimant

Print Your Name

_____, _____, _____
City State Date Signature of Co-Tenant Claimant (if any)

Print Your Name

If signed by an authorized Legal Representative of a Claimant or Co-Tenant Claimant:

_____, _____, _____
City State Date Signature of Person Signing for Claimant

Print Your Name

Capacity of Person signing for Claimant
(e.g., Executor, Administrator, President, etc.)

REMINDER: YOU MUST SIGN THIS FORM AND MAIL IT POSTMARKED ON OR BEFORE MARCH 20, 2025 TO LEAD COUNSEL AT NEWMAN FERRARA LLP AT 1140 SIXTH AVENUE, 10th FLOOR NEW YORK, NEW YORK 10036. FAILURE TO DO SO BY THAT DATE WILL RESULT IN FORFEITURE OF ANY CASH PAYMENT TO WHICH YOU MIGHT OTHERWISE BE ENTITLED