CONSENT TO JOIN SETTLEMENT AS A PLAINTIFF, RELEASE, AND CLAIM FORM (OBR)

TO PARTICIPATE IN THIS SETTLEMENT IN EXCHANGE FOR YOUR RELEASE OF CLAIMS, YOU MUST COMPLETE AND SUBMIT THIS FORM BY MAY 11, 2026.

Christopher v. Box, Inc.
Case No. CACE25016634 (Fla. 17th Jud. Cir.)

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

Christopher v. Box, Inc. c/o CPT Group, Inc.
PO Box 19504, Irvine, CA 92623
Toll Free Number: 1-888-545-0235
Fax Number: 949-419-3446
Email Address: BoxIncSettlement@cptgroup.com
Website: www.BoxIncSettlement.com

Your Claim Form must be postmarked or otherwise received online or by facsimile or email by May 11, 2026. 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 brought under the Fair Labor Standards Act of 1938 ("FLSA") and to join that 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, and I consent to having Plaintiff Colin Christopher act as my agent and make all decisions regarding the administration of the settlement reached between the parties. 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, and in exchange for the settlement payment that I am eligible to receive, I hereby release Box, Inc. and all related entities, as well as their respective predecessors, successors, present and former affiliates, parents, subsidiaries, insurers, officers, directors, agents, members, shareholders, unitholders, general partners, limited partners, owners, beneficiaries, employees, representatives, heirs, attorneys, and assigns (collectively, the "Released Parties") of and from: any and all wage and hour claims, including overtime claims, claims relating to the failure to properly calculate regular rate of pay and overtime, and claims for failure to properly pay for all hours worked, that accrued during my employment with Box, Inc. as an Outbound Business Representative, or while otherwise employed by Box, Inc. as a non-exempt employee, relating back to the full extent of the federal and state statute of limitations periods as tolled and continuing through the date of the Court's approval of the settlement, including, without limitations, all local, state and federal claims for unpaid overtime wages, failure to properly calculate overtime, failure to properly pay for all hours worked, failure to properly calculate my regular rate of pay, and related claims for unpaid wages, penalties, interest, liquidated damages, attorneys' fees, costs, and expenses, as well as any other relief under federal, state, or local laws, including the FLSA. I agree that this is not a general release, but I understand and agree that this release is intended to include all of the claims set forth above, if any, which I may have and which I do not now know or suspect to exist in my favor and that this release extinguishes those claims.

Signature: _____ Date: _____

Print: _____
First Middle Last

Former (Maiden) Names worked under, if any: _____

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

_____
Street Address

_____
City State Zip Code

Email Address: _____

Home phone: _____ Cell phone: _____

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.