ELECTION FORM
INSTRUCTIONS: FILL OUT AND RETURN ELECTION FORM BY NOVEMBER 10, 2025

* RETAIN A COPY OF THIS ELECTION FORM, ALONG WITH ANY INFORMATION THAT WOULD DEMONSTRATE THE TIME AND MANNER IN WHICH IT WAS SUBMITTED *

«FullName»
«Address1» «Address2»
«City», «State» «Zip»

Your Estimated Settlement Award is: **<<SettAmt>>**
Which is Based on **the ratio of the total number of Class Members who do not opt out of this Settlement to the Net Settlement Fund.**

If you wish to designate a particular form of payment for your share of the Settlement, please sign, date, and return this Election Form to the Settlement Claims Administrator by either website submission at www.IonaRefundSettlement.com, email, fax, or postal mail by November 10, 2025 to:

Williams v. Iona University
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
Fax: 949-419-3446
Email: IonaSettlement@cptgroup.com

You are not required to complete this form in order to receive a payment. If you do not complete this form, you will receive your share of the Settlement in the form of a check sent to your last known mailing address.

Check one box below:

[ ]	I would like to receive my Settlement cash benefit by paper check via First Class Mail. My mailing address has changed from what is printed above (only complete if NEW address): Street: _____ City: _____ State: _____ Zip Code: _____
[ ]	I would like to receive my Settlement cash benefit via PayPal. PayPal Account Email Address: _____
[ ]	I would like to receive my Settlement cash benefit via Venmo. Venmo Account Username: _____

Signature: _____ Date: _____

Phone Number: _____ Email: _____

You must keep a current address on file with the Settlement Claims Administrator and Class Counsel, along with a valid phone number and email address for updates.