

ELECTION FORM

Dean v. Maryville University of Saint Louis, Case No. 20SL-CC02850
(St. Louis Cnty. Mo. Cir. Ct.)

INSTRUCTIONS: FILL OUT AND RETURN ELECTION FORM BY MARCH 6, 2025

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

CPT ID: <<ID>>

<<ClassMemberName>>

<<Address1>> <<Address2>>

<<City>>, <<State>> <<Zip>>

Please provide current address (if different) here:

Your Non-Monetary Settlement Award of Two Course Audits is valued at: \$500.00

Your Estimated Monetary Settlement Award is based on the following:

Your Net Tuition/Fee Charges After Deducting University Scholarships/Grants: <<NetPayAmnt>>

Your Debt Release Amount: <<DebtReleaseAmount>>

Your Estimated Monetary Recovery: <<EstAmount>>

I, <<FullName>>, was a student enrolled in one (1) or more on-campus course at Maryville University of Saint Louis ("Maryville") during the Spring 2020 Semester and paid, or on whose behalf a payment was made of, on-campus tuition and/or the One Fee. I am not a current employee of Maryville (excluding student-worker status), a child of a current employee of Maryville, did not pay the One Fee for the online program, and did not withdraw from Maryville prior to March 16, 2020. I have reviewed the terms of the Settlement and other materials emailed to me, mailed to me, or posted on the Settlement Website at www.MaryvilleCovidSettlement.com. I have not opted out of the Settlement and I accept the terms of the Settlement.

I elect to receive my Settlement payment as follows:

- 1. Digital Payment.** To select a digital payment method (i.e., PayPal, Venmo, etc.) please visit the settlement website at www.MaryvilleCovidSettlement.com to make your election through the administrator's election form portal. If no alternative payment form is elected, a physical check will be issued.

Or

- 2. Physical Check.** To request the payment of my portion of the Net Settlement Fund via physical check to the address provided above, I have checked the following box: ☐

I understand that I can consult a lawyer of my choosing, and at my sole expense, to advise me of my individual rights. I declare under penalty of perjury that the foregoing is true and correct. I also understand that I am obligated to keep my contact information, mailing address, and email address updated with the Settlement Claims Administrator at www.MaryvilleCovidSettlement.com, email: MaryvilleCovidSettlement@cptgroup.com, or write to: Dean v. Maryville University of Saint Louis, c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606.

(SIGNATURE)