

CLAIM FORM

If you wish to receive a settlement payment as part of the class action settlement in *Fritz, et al. v. Glacier Bank, et al.*, Spokane County Superior Court Case No. 25-2-02132-32 you must submit a valid and timely Claim Form by mail or online through the settlement website maintained by the Settlement Administrator www.wheatlandglaciersettlement.com and inserting the following information:

Unique ID: <<ID>>

PIN: <<Passcode>>

If you wish to submit a Claim Form by mail, please provide all of the information requested at the bottom of this document. Please make sure you type or print clearly in blue or black ink. Once you have filled in all the requested information, the completed Claim Form must be mailed and postmarked no later than **April 21, 2026** to:

Fritz & Adams v. Glacier Bank & Wheatland Bank
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
Email Address: WheatlandGlaciersettlement@cptgroup.com
Toll-Free Number: 1-888-545-0134

1. Estimated Settlement Payment

Your estimated settlement payment is **\$954.29**.

2. Settlement Class Member Information

I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and I executed this Claim Form on the date set forth below.

I qualify as a Settlement Class Member because at some point from January 1, 2023 through January 23, 2026, I applied for a job opening in the state of Washington with Defendants, where the job posting did not disclose the wage scale or salary range for the position, or a general description of all of the benefits and other compensation to be offered to the hired applicant, and I did not voluntarily withdraw my application, I was not automatically disqualified, and I was not hired. Therefore, I am eligible to assert a claim for damages under RCW 49.58.110.

I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

I authorize the settlement payment to be addressed and mailed as stated below.

Full Name Printed

Signature

Date Signed

Social Security Number (for tax reporting purposes)

Address City State Zip

Phone Number

Email Address