

**CLAIM FORM**

**AMOCHAEV, ET AL. V. SMITH BARNEY**

**IMPORTANT:** Your Claim Form **MUST** be returned **POSTMARKED** by September 17, 2008. Enclosed is a self-addressed envelope for returning a claim form.

A. INSTRUCTIONS

1. It is important to read and follow these instructions carefully, as well as those contained on the Explanation of Claims Procedure enclosed with this Claim Form. Failure to follow these instructions may result in your losing benefits to which you might otherwise be entitled.
2. If you do not return this Claim Form postmarked by September 17, 2008, your claim will be rejected and you will lose all rights to receive any money from this settlement. You must mail the Claim Form to

**Amochaev, et al. v. Smith Barney Claims Administrator**

**P.O. Box 11237**

**Tallahassee, FL 32302-3237**

**Telephone: (866) 626-9206**

3. If you are a woman who was employed as a Financial Advisor (formerly known as a Financial Consultant) in (i) the United States branches of Smith Barney's retail brokerage division at any time from August 30, 2003 through March 1, 2008 or (ii) the California branches of Smith Barney's retail brokerage division at any time from June 25, 2003 through March 1, 2008, you will qualify to participate in a monetary award if you complete and submit answers to Questions 1-12 in Section B below. The monetary award will be based on your weeks worked during the applicable time period set forth in this paragraph. If applicable, you may also submit a response to Section C for additional credit, though you are not required to respond to this Section to participate.
4. You must sign, under penalty of perjury, and date the Claim Form.
5. You may use an additional page or pages of paper to answer these questions, if necessary.

B. PERSONAL INFORMATION (Required)

1. \_\_\_\_\_  
Name (First, Middle, Last)
2. \_\_\_\_\_  
Street Address Apartment Number
3. \_\_\_\_\_  
City State Zip Code
4. \_\_\_\_\_  
Social Security Number
5. \_\_\_\_\_  
E-mail Address
6. \_\_\_\_\_  
Work Phone Number Best Time to Call
7. \_\_\_\_\_  
Home Phone Number Best Time to Call
8. \_\_\_\_\_  
Cell Phone Number Best Time to Call
9. \_\_\_\_\_  
Phone Number of Relative or Other Contact (Optional)
10. \_\_\_\_\_  
Date of Birth
11. Please list any other name you used while employed at Smith Barney and the dates when you used each name:  
  
\_\_\_\_\_  
Name Date Range  
  
\_\_\_\_\_  
Name Date Range
12. I am:  
  
\_\_\_ Female

C. OPTIONAL DESCRIPTION OF TERMINATION/CONSTRUCTIVE DISCHARGE CLAIM (If any)

1. Termination/Constructive Discharge

a. Were you terminated or forced to quit due to your gender?

Yes  No

b. If you answered yes to question 1a, please add any facts that you think support your answer:

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*If you answered yes to question 1a and provided supporting detail in question 1b, you may receive up to 50 additional points for your answers. The points will be provided based on the severity of harm (such as emotional or economic harm) you suffered. Please give examples. You may, but are not required to, provide supporting documentation.*

D. SIGNATURE OF CLAIMANT (Required)

I, \_\_\_\_\_, declare under penalty of perjury that the information and facts I have stated in this Claim Form are true and accurate to the best of my personal knowledge. I understand that making a knowingly false statement may subject me to prosecution for perjury.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

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