

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE

Frederick Bernard v. Optima Tax Relief, LLC, et al.

Case No. 30-2022-01288055-CU-OE-CXC

EXHIBIT B
WORKWEEK AND SUBCLASS DESIGNATION DISPUTE FORM
Bernard v. Optima Tax Relief, LLC | Class Action Settlement

⚠ DEADLINE — This form must be postmarked, emailed, or faxed to the Settlement Administrator no later than June 26, 2026, (the "Response Deadline"). Late submissions will not be accepted.

IMPORTANT: Submitting this form does NOT opt you out of the Settlement. You will remain a Participating Class Member and will receive your Individual Settlement Award based on the Settlement Administrator's final determination. Use this form only to dispute (1) your Workweek count and/or (2) your Subclass designation.

YOUR SUBCLASS DETERMINES WHICH SETTLEMENT POOLS YOU RECEIVE PAYMENT FROM:

- Phone/Commission Subclass Members receive payments from BOTH Pool A and Pool B.
- General Non-Exempt Subclass Only Members receive payment from Pool B only.

If you were employed in a phone-based or commission-compensated role at any point during the Class Period (January 1, 2020, through March 26, 2026) and you are currently designated as General Non-Exempt Subclass Only — or vice versa — please complete Section 3 below.

SECTION 1 — YOUR IDENTIFYING INFORMATION (ALL FIELDS REQUIRED)

Full Legal Name (First, Middle, Last):

Last 4 Digits of Social Security Number:

Dates of Employment at Optima:

Current Mailing Address (Street / P.O. Box):

City: _____

State: _____

ZIP Code: _____

Telephone Number: _____

Email Address: _____

SECTION 2 — WORKWEEK DISPUTE (complete only if disputing Workweek count)

Complete this section if you believe the number of Workweeks shown on your Settlement Notice is incorrect. Your Settlement Notice shows the following:

From Your Notice: General Non-Exempt Workweeks: _____ Phone/Commission Workweeks: _____	I Contend the Correct Figures Are: General Non-Exempt Workweeks: _____ Phone/Commission Workweeks: _____
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Basis for dispute — describe why you believe the Workweek figures are incorrect:

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Supporting documentation attached (check all that apply):

- Pay stubs covering the disputed period
- W-2 or other tax forms
- Timekeeping or punch records
- Offer letter or employment agreement
- Other (describe): _____

SECTION 3 — SUBCLASS DESIGNATION DISPUTE (complete only if disputing subclass)

Complete this section if you believe you have been assigned to the wrong subclass. Your Settlement Notice currently designates you as:

- Phone/Commission Subclass (eligible for Pool A + Pool B payments)
- General Non-Exempt Subclass Only (eligible for Pool B payment only)

I contend my correct subclass designation is:

- Phone/Commission Subclass — because I worked in a phone-based or commission-compensated role
- General Non-Exempt Subclass Only — because I did not work in a phone-based or commission-compensated role

Details of Your Role (complete all applicable fields):

Job Title(s) during Class Period:

Department(s): _____

From (approximate date): _____ **To (approximate date):** _____

Describe your job duties and explain why they do or do not qualify as phone-based or commission-compensated:

Supporting documentation attached (check all that apply):

- Offer letter or job description
- Commission plan, commission agreement, or commission pay stubs
 - Pay stubs showing commission or incentive compensation
 - Performance reviews referencing phone-based duties
- Other (describe): _____

SECTION 4 — DECLARATION AND SIGNATURE

I declare under penalty of perjury under the laws of the State of California that: (1) I am the Settlement Class Member identified in Section 1 above; (2) the information provided in this form, including all attached documentation, is true, complete, and correct to the best of my knowledge and belief; and (3) I am submitting this form to dispute the matters identified in Sections 2 and/or 3 above.

Signature: _____

Date Signed (MM/DD/YYYY): _____

Print Name: _____

SECTION 5 — SUBMISSION INSTRUCTIONS

Return this completed form **with ALL supporting documentation** to the Settlement Administrator by **one** of the following methods so that it is **received or postmarked no later than June 26, 2026**:

Method	Details
U.S. Mail	ILYM Group, Inc. P.O. Box 2031, Tustin, CA 92781
Fax	(888) 845-6185 — Include a cover sheet identifying this case and attaching all supporting documents.
Email	info@ilymgroup.com — Attach scanned signed form and all supporting documentation.

The Settlement Administrator will review your submission and notify you of the determination. The Settlement Administrator's determination is final and non-appealable. Do **NOT** submit this form to the Court, Class Counsel, or Defense Counsel.

ILYM Group, Inc. — Settlement Administrator
 ILYM Group, Inc. P.O. Box 2031, Tustin, CA 92781
 Telephone: **(888) 250-6810** | Fax: **(888) 845-6185** | Email: info@ilymgroup.com
 Monday–Friday, 9:00 a.m.–5:00 p.m. Pacific Time

IMPORTANT: KEEP A COPY: Retain a copy of this completed form, all attachments, and your proof of submission (postal receipt, fax confirmation page, or email timestamp) for your records.

Questions? Contact the Settlement Administrator at **(888) 250-6810** or **info@ilymgroup.com**. Do **NOT** contact the Court or the Judge.