

CaIPERS SETTLEMENT CLAIM FORM

FOR CALPERS ENROLLMENT AND SERVICE CREDIT ARISING FROM CARGILL V. MWD

In order for you to be eligible to receive the CalPERS-related benefits obtained through a settlement in the *Cargill* class action, **you must complete, sign and return this Claim Form** to Cochran-Bond Law Offices, 87 N. Raymond Avenue, Suite 300, Pasadena, CA 91103, **on or before February 29, 2008.**

(PLEASE USE BLACK INK WHEN FILLING OUT THIS FORM)

I. IDENTIFICATION INFORMATION

Name: _____ Former Name(s): _____

Social Security Number: ____ - ____ - _____ Date of Birth: ____ / ____ / ____ Gender: Male ____ Female ____

Mailing Address: _____

Email Address: _____ Phone Numbers: Day: _____ Evening: _____ Cell: _____

Alternative Contact (name, relationship, address, phone and email): _____

II. RETIREMENT STATUS

Are you currently retired? ____ Y ____ N

Do you now plan to retire before the end of 2009? ____ Y ____ N

If so, please state the approximate date you intend to retire: _____

III. INFORMATION REGARDING YOUR WORK AT MWD

PLEASE COMPLETE THE CHART BELOW WITH AS MUCH OF THE REQUESTED INFORMATION AS POSSIBLE.

IF YOU ARE UNSURE OF ANY INFORMATION, PUT AN ASTERISK (*) NEXT TO THE UNCERTAIN INFORMATION AND EXPLAIN YOUR UNCERTAINTY ON AN ADDITIONAL PAGE OR ON THE LAST PAGE OF THIS CLAIM FORM.

A separate line should be filled out for each time period when you had a different *rate of pay*, a different *job title*, a change in *hours per week* (part-time or full-time), a different *status* (regular, district temp, agency temp or consultant), or a different entity issued your paycheck. In other words, please complete a new line each time any of the requested information changed. Attach an additional page if necessary. This requested information is necessary to enroll you as a CalPERS member, to provide you with the proper CalPERS service credit, and to determine the proper amount of your employee contribution under the *Cargill* settlement.

A sample has been provided for your reference:

CALENDAR YEARS	TIME PERIOD START DATE	TIME PERIOD END DATE	JOB TITLE/ CLASSIFICATION	STATUS (Regular, Agency Temp, District Temp, Consultant)	FULL-TIME OR PART-TIME (Full-Time = an average of at least 33 hrs/wk)	IMMEDIATE SUPERVISOR	ENTITY THAT ISSUED PAYCHECK	PAYRATE (CIRCLE ONE) PER HOUR PER WEEK PER MONTH	TOTAL EARNINGS FOR PERIOD
2005-2006	11/02/05	01/02/06	Laborer	Agency Temp	Full-Time	Steve Smith	Apple One	\$13.65	\$4,368.00
2006	01/03/06	01/17/06	Operator	Agency Temp	Full-Time	Steve Smith	Volt	\$15.08	\$1,206.40

CALENDAR YEARS	TIME PERIOD START DATE	TIME PERIOD END DATE	JOB TITLE/ CLASSIFICATION	STATUS (Regular, Agency Temp, District Temp, Consultant)	FULL-TIME OR PART-TIME (Full-Time = an average of at least 33 hrs/wk)	IMMEDIATE SUPERVISOR	ENTITY THAT ISSUED PAYCHECK	PAYRATE (CIRCLE ONE) PER HOUR PER WEEK PER MONTH	TOTAL EARNINGS FOR PERIOD

V. INFORMATION ON BENEFITS RECEIVED FROM AN EMPLOYMENT AGENCY OR CONSULTING FIRM

(Agency Temps & Consultants Only)

A. While working at MWD, did any company that issued your paycheck make any employer contributions on your behalf to a 401(k), profit sharing, or other defined contribution plan in which you had an account? ___ Y ___ N

If Yes, please fill in the following information for each company from which you received such benefits, including the amount of the employer contributions that vested, and attach any supporting documentation to this form. If No, please go to part B of this Section.

COMPANY NAME	NAME OF PLAN	DATES PARTICIPATED IN PLAN	AMOUNT OF EMPLOYER CONTRIBUTIONS	AMOUNT OF EMPLOYER CONTRIBUTIONS THAT VESTED

B. While working at MWD, did you participate in a defined benefit plan maintained by any company that issued your paycheck (i.e., a plan that would provide you with a certain retirement benefit based on your earnings and years of service)? ___ Y ___ N

If Yes, please fill in the following information for each defined benefit plan in which you participated and attach any supporting documentation to this form. If No, please go to part C of this Section.

COMPANY NAME	NAME OF PLAN	DATES PARTICIPATED IN PLAN

C. While working at MWD, did any company that issued your paycheck provide you with any paid leave benefits (for example, vacation pay, holiday pay, sick pay, paid personal days, etc.)? ___ Y ___ N

If Yes, please fill in the following information for each company from which you received such benefits:

COMPANY NAME	PAID LEAVE BENEFITS THAT WERE PROVIDED (HOURS PER YEAR FOR EACH)	DATES RECEIVED

**VI. INFORMATION REGARDING YOUR EMPLOYEE/INDEPENDENT CONTRACTOR STATUS
(Consultants Only)**

If you provided services to MWD as a "Consultant," please check the description that is most consistent with your understanding:

___ The manner in which I performed tasks was controlled by a supervisor who received directions from MWD.

___ MWD exercised no control over the manner in which I performed my work and was interested only in the final result to be accomplished through my work.

___ I do not know whether MWD exercised control over the manner in which I performed my work.

Please attach an additional page if you would like to provide an explanation.

I DECLARE, UNDER PENALTY OF PERJURY UNDER CALIFORNIA LAW, THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.

Date: _____ Signature: _____ County/State: _____

IMPORTANT WARNING: YOU MUST COMPLETE, SIGN AND RETURN THIS CLAIM FORM EITHER BY MAIL POSTMARKED ON OR BEFORE FEBRUARY 29, 2008, OR BY HAND DELIVERY ON OR BEFORE THAT DATE.

- IF YOU MAIL A CLAIM AFTER THAT DATE, YOU WILL BE REQUIRED TO MAKE ALL PRE-2001 EMPLOYEE CONTRIBUTIONS.
- IF YOU DO NOT FILE A CLAIM, YOU WILL NOT BE ELIGIBLE TO PARTICIPATE IN THE *CARGILL* PENSION CLAIMS SETTLEMENT.

-- FOR MORE INFORMATION, PLEASE READ THE CLASS NOTICE AND VISIT WWW.C-BLAW.COM --