

CONFIDENTIAL REGISTRATION FORM

To receive any payment in the class action settlement in *Jane Doe 2 et al. v. The Georgetown Synagogue – Keshet Israel Congregation et al.*, you **must** complete this two-page Registration Form and send it to the Settlement Administrator (by mail to Mikvah Settlement, c/o RG/2 Claims Administration LLC, P.O. Box 59479, Philadelphia, PA 19102-9479, or by email to mikvahsettlement@rg2claims.com, or by facsimile to (215) 827-5551) with a postmark date (for mailing) or transmission date (for email or facsimile) of no later than **November 13, 2018**. If you miss this deadline due to extraordinary circumstances, please contact the Settlement Administrator immediately, as you may still be eligible to receive a payment.

Your responses to this Confidential Registration Form will be kept confidential and will only be used to administer payments in this class action settlement. Your responses will not be made public and will not be provided to Freundel or the other Defendants.

1. Do you affirm, under penalty of perjury, that the United States Attorney’s Office for the District of Columbia identified you as having been videotaped by Bernard Freundel?

No Yes

If you answered “Yes” to Question #1, you do not need to answer Question #2. However, you must complete Question #3 and Question #4.

2. Do you affirm, under penalty of perjury, that (1) you disrobed, either partially or completely, at the National Capital Mikvah one or more times between July 1, 2005, and October 14, 2014 (the day when Freundel was arrested), and (2) you suffered actual emotional distress after learning of Bernard Freundel’s videotaping at the National Capital Mikvah?

No Yes

If you answered “No” to Questions #1 and #2, please stop here; you are not eligible to receive a payment in this class action settlement and should not submit this Registration Form. If you answered “Yes” to Question #2, you must also complete Question #3 and Question #4.

3. Class Member Signature and Contact Information

Class Member Signature: _____

Class Member Printed Name: _____

Class Member Mailing Address: _____

Class Member Email Address: _____

Class Member Phone Number: _____

FORM CONTINUES ON NEXT PAGE.
YOU MUST COMPLETE THE NEXT PAGE TO RECEIVE ANY PAYMENT
FROM THE CLASS ACTION SETTLEMENT.

4. Taxpayer Identification Number Certification – Substitute IRS Form W-9

Please enter your Social Security Number or Taxpayer Identification number, if any:

_____ - _____ - _____

Please list your name as it appears on your federal income tax return:

First Name: _____ Last Name: _____

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (“IRS”) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or a U.S. resident alien.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: _____

Date: _____