

EXHIBIT D

**IN THE UNITED STATE DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION**

TIMOTHY COLEMAN,

Plaintiff,

v.

AMAZON.COM, INC.; AMAZON LOGISTICS,
INC.; AMAZON.COM SERVICES, INC.; JARS
TD, INC.,

Defendants.

Case No. 2:21-cv-02200-JPM-atc

CONSENT TO JOIN FORM

[BARCODE]

[Collective Member Name]

[Mailing Address 1]

Claim ID: XYZ0123456

[Mailing Address 2]

[City, State ZIP]

1. I performed work as a Delivery Associate and was paid by JARS to deliver packages for customers of Amazon.com in the United States at some time between October 29, 2018 through April 30, 2022.

2. I consent to join this Litigation against Defendants. I understand this Litigation is brought under the Fair Labor standards Act of 1938, as amended 29 U.S.C. 216(b), *et seq.* With this Consent, I opt-in this Litigation and agree to be bound by the terms of the Court-approved Settlement, as described in the Notice.

3. I understand that, by completing and submitting this Consent and becoming an Opt-In Plaintiff, once the Court grants final approval of the Settlement, I fully release Defendants and the Released Parties of all Fair Labor Standards Act ("FLSA") claims, and state, municipal, or local wage and hour claims that accrued to me while working to deliver packages to Amazon customers in the United States while being paid by JARS at any time between October 29, 2018 through April 30, 2022, including but not limited to claims under the FLSA, **[insert state where DA worked/lived]** state law, or any other federal, state or local wage and hour law, pertaining to the alleged failure to pay for all hours worked, claims for unpaid wages (including overtime compensation), claims for working through meal or rest periods, and related claims for liquidated damages, interests, penalties, fees or costs, that were or could have been asserted in the Lawsuit based upon the facts alleged in the First Amended Complaint.

I agree to be represented by the law firm of Morgan & Morgan, PA and attorneys Andrew R. Frisch and Paul M. Botros, as well as any other attorneys with whom they associate. I agree to keep them informed as to my correct mailing address and telephone number.

4. I understand the personal information provided on this Consent will not be used for purposes other than these legal claims.

5. By signing and submitting this Consent, I authorize the Parties (as defined in the Notice and Agreement) to release to the Claims Administrator all necessary personal or private information about me, including all information on my IRS Form W-2 or W-9, for the limited purpose of processing the settlement.

Date: _____ Signed: _____

The address stated above is the address that we have for mailing your payment under the settlement as described in the Notice. Please make any address corrections below:

First Name MI Last Name

Current Mailing Address Apt #/Unit

City State Zip Code

THIS FORM MUST BE RETURNED TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS BELOW AND MUST BE POSTMARKED NO LATER THAN [MONTH/DAY], 2024.

Analytics LLC - FLSA Settlement Claims Administrator
c/o
Address
City, State Zip Code