Cleveland Brothers Data Security Incident Settlement Administrator

Your Claim Form Must Be Submitted Electronically or Postmarked by July 23, 2024

P.O. Box 4285, Baton Rouge, LA 70821 and www.ClevelandBrothersDataSettlement.com

In re: Cleveland Brothers Data Incident Litigation
No. 1:23-cv-00501, United States District Court for the Middle District of Pennsylvania

SETTLEMENT PAYMENT CLAIM FORM

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT www.clevelandbrothersdatasettlement.com OR POSTMARKED NO LATER THAN JULY 23, 2024.

ATTENTION: This Claim Form is to be used to apply for relief related to the Data Breach that was discovered on November 3, 2022, and potentially affected customers of Cleveland Brothers Holdings, Inc. ("Cleveland Brothers" or "Defendant"). All Settlement Class Members are eligible to receive: (i) up to five thousand (\$5000) dollars in reimbursement of out-of-pocket losses that are reasonably traceable to the Data Breach, including attested time or (ii) an alternative pro rata cash payment estimated to be two hundred dollars (\$200).

To submit a Claim, you must have been identified as a potential Settlement Class Member from Defendant Cleveland Brother's business records and received Notice of this Settlement with a **unique Settlement Claim ID**.

You may apply to be reimbursed for your documented Out-of-Pocket Losses and Attested Time or, in the alternative, apply for an alternative cash payment. Out-of-Pocket Losses consist of actual out-of-pocket losses, up to five thousand dollars (\$5000), including for time spent remedying identity theft or fraud, including misuse of personal information, credit monitoring or freezing credit reports at thirty-five dollars (\$35) for up to six (6) hours. You may be reimbursed for six (6) hours of lost time by attesting it was spent remedying the issues related to the Data Breach.

In the alternative to being reimbursed for your Ordinary Losses and/or Extraordinary Losses, you may simply make a claim for a pro rata cash payment estimated to be two hundred dollars (\$200).

PLEASE BE ADVISED that any documentation you provide in support of your Out-of-Pocket Losses claim must be submitted **WITH** this Claim Form. No documentation is required for claiming Attested Time or the Alternative Cash Payment.

CLAIM VERIFICATION: All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

ASSISTANCE: If you have questions about this Claim Form, please visit the Settlement website at www.ClevelandBrothersDataSettlement.com for additional information or call 1-844-709-0193.

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the claim, delay its processing, or otherwise adversely affect the claim.

REGISTRATION

First Name:								MI:		L	ast	Naı	ne:															
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Please provide the Settlement Claim ID identified in the Notice that was mailed to you:																												
Did yo Settler	ment	Clas		ıniq	ue (Sett	tlen	1en	t C	lain	n II	D iı	ıdic	cati	ng	tha	t yo	ou r	nay	be	a n	nem	bei	r of	the	<u>.</u>		
	If yes, continue to the next question. If no, you are not a member of the Settlement Class and do																											

Section B. Part 1 - Reimbursement for Documented Out-of-Pocket Losses

not qualify to file a Claim.

If you suffered costs or expenditures in response to the Data Breach, you may be eligible to receive a payment to compensate you for losses.

If it is verified that you meet all the criteria described in the Settlement Agreement and you submit the dollar amount of those losses, you will be eligible to receive a payment compensating you for your losses of up to five thousand dollars (\$5000).

Examples of what can be used to prove your losses include: receipts, account statements, etc. You may also prove losses by submitting information on the claim form that describes the expenses and how they were incurred.

Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your Claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details.

Payment for your losses will be paid directly to you by check unless you request to be paid electronically as indicated below.

Did you suffer any financial expenses or other financial losses that you believe were a result of the Data Breach or did you spend time remedying the issues related to the Data Breach? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc., or spend time monitoring credit, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc. as a direct result of or attributed to the Data Breach?

□ Yes □ No

If yes, you may be eligible to fill out the rest of this form and provide corroborating documentation.

For each loss that you believe can be traced to the Data Breach, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. You must provide this information for this Claim to be processed. Supporting documentation must be submitted alongside this Claim Form. If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim. Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at www.ClevelandBrothersDataSettlement.com. With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendant in this action. Please do not directly communicate with Cleveland Brothers regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of Ordinary Out-of-Pocket Losses may include, but are not limited to: unreimbursed costs, expenses or charges incurred addressing or remedying identity theft, fraud, or misuse of personal information and/or other issues reasonably traceable to the Data Breach.

Examples of documentation include receipts for identity theft protection services, etc.

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Unauthorized credit card charge	0 7 - 1 7 - 2 0 MM DD YY	\$50.00	Letter from Bank
Example: Fees paid to a professional to remedy a falsified tax return	0 2 - 3 0 - 2 1 MM DD YY	\$25.00	Copy of the professional services bill

MM DD YY	\$
MM DD YY	\$
MM DD YY	\$.
MM - DD - YY	\$
MM DD YY	\$
MM DD YY	\$

By checking the below box, I hereby declare under penalty of perjury that the information provided in this Claim Form to support relief for Ordinary Losses is true and correct.

□ Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief for Ordinary Losses under penalty of perjury. I further understand that my failure to check this box may render my Claim for Ordinary Losses null and void.

Section B. Part 2 - Reimbursement for Attested Time

If you spent time remedying the Data Breach, you may be eligible to receive a payment to compensate you for time. Up to six (6) hours of lost time may be reimbursed if you provide an attestation as to the time you spent remedying issues related to the Data Breach.

If you sper	nt time	remedying	issues rela	ted to the	Data 1	Breach,	please	list the	number	of hours	you sper
here:											

By checking the below box, I hereby declare under penalty of perjury that the information provided in this Claim Form to support relief for Attested Time is true and correct.

□ Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief for Attested Time under penalty of perjury. I further understand that my failure to check this box may render my Claim for Attested Time null and void.

Section C. Alternative Cash Payment

In the alternative to compensation for Out-of-Pocket Losses and Attested Lost Time, you may simply make a claim for a cash payment estimated to be two hundred dollars (\$200).

The amount of this cash payment may increase or decrease depending upon the number of claims made.

By checking the below box, I choose a cash payment of two hundred dollars (\$200) in the alternative to compensation for Ordinary Losses and Attested Time and/or Extraordinary Losses.

☐ Yes, I choose a cash payment of two hundred dollars (\$200) in the alternative to compensation for Out-of-Pocket Losses and Attested Time.

Section D. Payment

Please	select the manner in	n which	payment will be issued for your valid Claims.							
•	PayPal*:		(PayPal Email Address)							
•	Venmo*: □		(Venmo Email Address)							
•	Zelle*:		(Zelle Email Address)							
•	Paper Check via Mail:									
			(Mailing Address)							
*If you select payment via PayPal, Venmo or Zelle, the email address entered on this form will be used to process the payment to your account linked to that email address.										
Section	E. Settlement Class M.	lember A	ffirmation							
By submitting this Claim Form and checking the box below, I declare that I received notification from Cleveland Brothers that I have been identified as a potential Settlement Class Member. As I have submitted claims of losses due to the Data Breach, I declare that I suffered these losses.										
I understand that my Claim and the information provided above will be subject to verification.										
By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.										
□ Yes, I understand that my failure to check this box may render my Claim null and void.										
Please i	nclude your name in b	oth the Si	gnature and Printed Name fields below.							
Signatı	ıre:									
Print N	Vame:									

Date: _____

IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE MAILED BY OR RECEIVED ONLINE AT WWW.CLEVELANDBROTHERSDATASETTLEMENT.COM NO LATER THAN JULY 23, 2024.