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**Must be postmarked
or submitted online
NO LATER THAN
September 25, 2025**

DG3 DATA BREACH LITIGATION
SETTLEMENT ADMINISTRATOR
P.O. BOX 2668
PORTLAND, OR 97208-2668
DG3DataSettlement.com

DG3 Data Breach Litigation Claim Form

Case No. 2:24-cv-07385

SETTLEMENT BENEFITS – WHAT YOU MAY GET

The easiest way to submit a Claim is online at DG3DataSettlement.com, or you can complete and mail this Claim Form to the mailing address above.

You may submit a Claim for one or more of these Settlement Class Member Benefits:

CREDIT MONITORING:

In addition to a Cash Payment for Documented Losses or an Alternative Cash Payment, you may also submit a Claim for three years of free Credit Monitoring.

AND

DOCUMENTED LOSSES:

You may submit a timely and valid Claim showing that you spent money or incurred unreimbursed losses, as provided for in the Settlement Agreement, fairly traceable to the Data Incident for up to \$2,500 per person. Supporting documentation is required.

OR

ALTERNATIVE CASH:

If you are a member of the Group 1 Settlement Subclass because your Social Security number **was** compromised in the Data Incident, instead of submitting a Claim for a Documented Losses payment, you may claim, without providing documentation, a flat cash payment of up to \$100.

If you are a member of the Group 2 Settlement Subclass because your Social Security number **was not** compromised in the Data Incident, instead of claiming a Documented Losses payment, you may claim, without providing documentation, a flat cash payment of up to \$50.

* * *

Claims must be submitted online or mailed and postmarked by September 25, 2025. Use the address at the top of this form for mailed claims.

*Please note: The Settlement Administrator may contact you to request additional documents to process your Claim. Your **Cash Payment** may decrease depending on the number of Claims filed.*

For more information and complete instructions visit DG3DataSettlement.com.

Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final. Thank you for your patience.

Questions? Visit DG3DataSettlement.com or call 1-888-828-4857



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Your Information

1. NAME (REQUIRED):

First Name

MI

Last Name

2. MAILING ADDRESS (REQUIRED):

Street Address

Apt. No.

City

State

ZIP Code

3. PHONE NUMBER:

 - -

4. EMAIL ADDRESS

5. UNIQUE ID:

Credit Monitoring Services

You may be eligible to receive free Credit Monitoring services.

All Settlement Class members are eligible to claim three years of Credit Monitoring services.

Please select the checkbox if you want the Credit Monitoring services for which you are eligible.

Credit Monitoring Services: I want to receive three years of free Credit Monitoring services.

If you select this option, you will be sent instructions and an activation code after the Settlement is final to the email address or home address listed above. Enrollment in this service will not subject you to marketing for additional services or any required payments.



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Reimbursement for Documented Losses

If you lost or spent money trying to prevent or recover from fraud or identity theft that you believe is fairly traceable to the Data Incident and have not been reimbursed for that loss/expenses, you can receive reimbursement for up to \$2,500 total. Eligible losses include those incurred on or after January 30, 2024, up to the date of filing your Claim.

It is important for you to send documents that show what happened and how much you lost or spent so that you can be reimbursed. Self-prepared documents like handwritten receipts are insufficient for reimbursement but can be used to add clarity or support other submitted documentation.

To look up more details about how Cash Payments work, visit **DG3DataSettlement.com** or call toll-free **1-888-828-4857**. You will find more information about the types of costs and losses that can be paid back to you, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data breaches.*

By checking this box, I affirm I want to receive reimbursement for Documented Losses.

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Overdraft fees</i>	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="4"/> <input type="text" value="0"/> . <input type="text" value="0"/> <input type="text" value="0"/>
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TOTAL OUT-OF-POCKET LOSSES:	\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> . <input type="text" value=""/> <input type="text" value=""/>

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.



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Alternative Cash Payment

Settlement Class Members who do not request compensation for a Documented Losses payment may elect to receive an Alternative Cash Payment, without providing documentation, in the amount of up to \$100 for the Group 1 Settlement Class Members and up to \$50.00 for the Group 2 Settlement Class Members. Your Cash Payment may be subject to a pro rata (a legal term meaning equal share) adjustment.

By checking this box, I affirm I want to receive an Alternative Cash Payment.

How You Will Receive Your Payment

If you submit a timely and Valid Claim for payment, and if your Claim and the Settlement are finally approved, an email will be sent from noreply@epiqpay.com to the email you provided on this Claim Form, prompting you to elect your method of payment. Several electronic payment options will be available—including Venmo, ACH, and PayPal—or you can elect to receive a check. Please allow 1-2 days for the delivery of electronic payments and 3-4 weeks for the delivery of checks.

Please ensure you have provided a current and complete email address. If you do not provide a current and valid email address, if you do not open your email, or if your electronic payment does not go through due to wrong or incomplete information, the Settlement Administrator will attempt to send you a check, relying on your physical address on file.

Signature

I affirm under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my Claim are true and correct to the best of my knowledge. I understand that I may be asked to provide more information by the Settlement Administrator before my Claim is complete.

Signature

Date: - -
MM DD YYYY

Print Name

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