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## LendUS DATA INCIDENT SETTLEMENT CLAIM FORM

### CLAIM FORM AND INSTRUCTIONS

This Claim Form should be filled out and submitted by mail if you received notice that your Personal Identifiable Information (“PII”) was potentially compromised in the Data Incident involving LendUS that occurred between February 2, 2021 and March 22, 2021. If you fill out this Claim Form, you may get a payment of (1) \$20 per hour for lost time up to a maximum of three hours (\$60) (“Lost-Time Claim”); (2) up to \$500 for reimbursement of documented out-of-pocket expenses; (3) up to \$2,500 for reimbursement of documented monetary losses; and (4) \$100 if you were a California resident at the time of the Data Incident (“California Cash Payment Claim”). You may be eligible for payment from all four payment categories, and payment categories may be combined (up to any applicable limits). You may also be eligible for a *pro rata* increase of the amounts you receive for your Lost-Time Claims and California Cash Payment Claims, depending on the number of Valid Claims received.

Please refer to the Settlement notice posted on the Settlement Website, [www.LendUSSettlement.com](http://www.LendUSSettlement.com), for more information on submitting a Claim Form. You may also fill out and submit a Claim Form on the Settlement Website by following the prompts.

You may also enroll in 36 months of Identity-Theft Protection regardless of whether you complete this Claim Form. Please see the notice that was emailed or mailed to you for your enrollment credentials.

**To receive monetary benefits, you must submit the Claim Form below by April 19, 2023. However, a Claim Form is not required to enroll in the Financial Shield by Pango using your unique activation code.**

**Lost Time Cash Payment:** Members of the Settlement Class are eligible to receive up to three hours at \$20 per hour of lost time spent dealing with issues arising out of the Data Incident (\$60 maximum). Members of the Settlement Class must attest on the Claim Form to the time spent. No documentation other than a description of their actions shall be required for members of the Settlement Class to receive compensation for attested time. The amount of money received by Settlement Class Members who submit Valid Claims may be increased on a *pro rata* basis based on the number of valid Lost-Time Claims that are submitted.

**Cash Payment for California Settlement Subclass Members:** All California Settlement Subclass Members who submit a Valid Claim using the Claim Form shall be eligible to receive a payment of \$100 provided that the California Settlement Subclass Member attests, under oath, that he or she was a resident of the State of California at some point between February 2, 2021 and March 22, 2021. The amount of money a California Subclass Member receives for his or her California Cash Payment Claim may be increased on a *pro rata* basis based on the number of Valid Claims submitted.

All claims made under cash payment for California Settlement Subclass Members shall be subject to the \$500 per-Settlement-Class-Member cap on compensation for ordinary expense reimbursement and lost time. For purposes of the *pro rata* increase discussed immediately above, the \$500 cap for each Settlement Class Member shall not apply.

**Expense Reimbursement:** All members of the Settlement Class who submit a Valid Claim using the Claim Form are eligible for the following documented out-of-pocket expenses, not to exceed \$500 per member of the Settlement Class, that were incurred as a result of the Data Incident: (i) unreimbursed bank fees; (ii) unreimbursed card reissuance fees; (iii) unreimbursed overdraft fees; (iv) unreimbursed charges related to unavailability of funds; (v) unreimbursed late fees; (vi) unreimbursed over-limit fees; (vii) long distance telephone charges; (viii)



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cell minutes (if charged by minute), internet usage charges (if charged by the minute or by the amount of data usage and incurred solely as a result of the Data Incident), and text messages (if charged by the message and incurred solely as a result of the Data Incident); (ix) unreimbursed charges from banks or credit card companies; (x) interest on payday loans due to card cancellation or due to over-limit situation incurred solely as a result of the Data Incident; (xi) costs of credit report(s), credit monitoring, and/or other identity theft insurance products purchased by members of the Settlement Class between February 2, 2021 and the Claims Deadline; and (xii) other losses incurred by Settlement Class Members determined by the Claims Administrator to be fairly traceable to the Data Incident, including, but not limited to, the cost of postage and gas for local travel. To receive reimbursement for any of the above-referenced out-of-pocket expenses, Settlement Class Members must submit (i) their name and current address; (ii) supporting documentation of such out-of-pocket expenses; and (iii) a description of the loss, if not readily apparent from the documentation.

Claims made for out-of-pocket expenses can be combined with Lost-Time Claims, but are subject to a combined cap of \$500 per Settlement Class Member.

**Extraordinary Expense Reimbursement:** All members of the Settlement Class who have suffered a proven monetary loss and who submit a Valid Claim using the Claim Form are eligible for up to \$2,500 if: (1) the loss is an actual, documented and unreimbursed monetary loss; (2) the loss was more likely than not caused by the Data Incident; (3) the loss occurred between February 2, 2021 and the Claims Deadline; and (4) the loss is not already covered by one or more of the reimbursement categories and the member of the Settlement Class made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

Members of the Settlement Class seeking reimbursement must complete and submit a Claim Form to the Claims Administrator, postmarked or submitted online on or before the Claims Deadline. The notice to the class will specify this deadline and other relevant dates described herein. The Claim Form must be verified by the member of the Settlement Class with a statement that his or her claim is true and correct, to the best of his or her knowledge and belief, and is being made under penalty of perjury. Notarization shall not be required. The Settlement Class Member must submit reasonable documentation that the out-of-pocket expenses and charges claimed were both actually incurred and plausibly arose from the Data Incident. Failure to provide supporting documentation of the out-of-pocket expenses referenced above, as requested on the Claim Form, shall result in denial of a claim. No documentation is needed for lost-time expenses. Disputes as to claims submitted under this paragraph are to be resolved pursuant to the provisions in paragraph 2.6 of the Settlement Agreement.

## REQUIREMENTS FOR FILING A CLAIM FORM

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all required portions of the attached Claim Form.
2. You must sign this Claim Form, which includes the certification. If you file a Claim Form electronically, your electronic signature and submission of the form shall have the same force and effect as if you signed the form in hard copy.
3. **If you are claiming expense reimbursement:** You must submit documentation supporting your out-of-pocket expenses, specifically (i) your name and current address; (ii) supporting documentation of such out-of-pocket expenses; and (iii) a description of the loss, if not readily apparent from the documentation. **The failure to submit such documentation may prevent you from claiming reimbursement for out-of-pocket expenses.**



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4. **If you are claiming extraordinary expense reimbursement:** All members of the Settlement Class who have suffered a proven monetary loss and who submit a Valid Claim using the Claim Form are eligible for up to \$2,500 if: (1) the loss is an actual, document, and unreimbursed monetary loss; (2) the loss was more likely than not caused by the Data Incident; (3) the loss occurred between February 2, 2021 and the Claims Deadline; and (4) the loss is not already covered by one or more of the reimbursement categories listed in; and the member of the Settlement Class made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. **The failure to submit such documentation may prevent you from claiming reimbursement for extraordinary expense reimbursement.**
5. **If you are claiming lost time reimbursement:** Members of the Settlement Class are also eligible to receive up to three hours at \$20 per hour of lost time spent dealing with issues arising out of the Data Incident (\$60 maximum). Members of the Settlement Class must attest on the Claim Form to the time spent. **No documentation other than a description of their actions shall be required for members of the Settlement Class to receive compensation for attested time. Claims made for lost time can be combined with claims made for out-of-pocket expenses and, together with the out-of-pocket expenses, are subject to the \$500 cap for each member of the Settlement Class.**
6. **If you are claiming cash payment for California Settlement Subclass Members:** All California Settlement Subclass Members who submit a Valid Claim using the Claim Form shall be eligible to receive a payment of \$100 provided that the California Settlement Subclass Member attests, under oath, that he or she was a resident of the State of California at some point between February 2, 2021 and March 22, 2021.
7. You have two ways to complete and submit a Claim Form: (A) you may mail the completed and signed Claim Form and certification by First Class U.S. Mail, postage prepaid, postmarked no later than April 19, 2023 to:

**Remoundos v LendUS  
c/o Kroll Settlement Administration  
P.O. Box 5324  
New York, NY 10150-5324**

Or (B) you may complete and submit the Claim Form and certification using the Settlement Website, located at [www.LendUSSettlement.com](http://www.LendUSSettlement.com). If you file an electronic Claim Form and have documentation supporting your expense reimbursement and extraordinary expense reimbursement, you must include documentation with your electronic submission.

8. Your failure to complete and submit the Claim Form using the Settlement Website by April 19, 2023, or by mail postmarked by April 19, 2023, will preclude you from receiving any payment in this Settlement. If you submit by mail, you are advised to use (but are not required to use) certified mail, return receipt requested so that you will have a record of the date of mailing.

Submission of this Claim Form does not assure that you will share in the payments related to the Settlement in *Remoundos v LendUS*. If the Claims Administrator determines that your claim may be invalid, the Claims Administrator may reject your claim subject to your right to present information to dispute the Claims Administrator's finding. For more information on this process, see Paragraph 2.6 of the Settlement Agreement, which is available at [www.LendUSSettlement.com](http://www.LendUSSettlement.com).



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**First**, please provide us your information so we may contact you if necessary.

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

**Second**, please provide the class member ID the Claims Administrator provided to you in the letter or email notifying you of the Settlement. If you do not have this information but believe you may be a class member, please contact the Claims Administrator at 833-709-0097.

Class Member ID: 5 5 6 1 5 \_\_\_\_\_

**Third**, please describe your claimed damages. Three types of damages are available. First, you may recover money to compensate you for time you spent addressing the Data Incident(s). Second, you may recover certain out-of-pocket expenses or losses incurred as a result of the Data Incidents. And third, you may receive a \$100 payment if you are a member of the California Settlement Subclass. These expenses or time must have been incurred during the applicable time period, which is generally from February 2, 2021 through the end of the Claim Deadline. Please refer to the Settlement notice for more information.

### 1. Lost-Time Reimbursement.

You may be eligible for reimbursement of up to three hours at \$20 per hour of lost time spent remedying issues related to the Data Incident (\$60 maximum) with an attestation to the time spent.

- ☐ Yes, I have between 1 to 3 hours of time spent dealing with the Data Incident
- ☐ No, I do NOT have between 1 to 3 hours of time spent dealing with the Data Incident (skip to question 2).

Round to the nearest hour and check only one box.

How much time did you spend? ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours

#### Attestation

☐ I attest under penalty of perjury that I spent the number of hours claimed above making reasonable efforts to deal with the Data Incident.

### 2. Documented Out-of-Pocket Expenses.

You may receive reimbursement for documented out-of-pocket expenses or costs incurred as a result of the Data Incident, up to \$500. The maximum amount LendUS is required to pay per claim for out-of-pocket expenses is \$500. To do so, (1) itemize your expenses or out-of-pocket costs in the chart below; (2) sign the certification at



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the end of this Claim Form, attesting that all information submitted is true and correct, that you incurred these expenses as a result of the Data Incident, and that none of your claimed out-of-pocket expenses have already been reimbursed by any other source; (3) include with this Claim Form documentation supporting each claimed expense or cost; and (4) provide your address above.

Documentation is required for claimed expenses. Please be sure to include documentation to expedite the processing of your claim.

☐ Yes, I have Out-of-Pocket Expenses.

☐ No, I do NOT have Out-of-Pocket Expenses (skip to question 3).

Date	Description	Amount
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____

**Total:** \_\_\_\_\_

**Documentation:** Attach supporting documentation. For example, a bank statement showing claimed fees (you may redact unrelated transactions and all but the last four digits of any account number).

### 3. Documented Out-Of-Pocket- Extraordinary Expense Reimbursement.

You may receive reimbursement for documented out-of-pocket expenses or costs incurred as a result of the Data Incident, up to \$2,500. The maximum amount LendUS is required to pay per claim for out-of-pocket extraordinary expenses is \$2,500. To do so, (1) the loss must be an actual, documented and unreimbursed monetary loss; (2) the loss must be more likely than not caused by the Data Incident; (3) the loss must have occurred between February 2, 2021 and the Claims Deadline; and (4) the loss must not be already covered by one or more of the reimbursement categories listed in expense reimbursement and the member of the Settlement Class must have made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. Include with this Claim Form documentation supporting each claimed expense or cost and provide your address above.

☐ Yes, I have Out-Of-Pocket- Extraordinary Expenses.

☐ No, I do NOT have Out-Of-Pocket- Extraordinary Expenses (skip to question 4).



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Please provide a detailed description below or in a separate document submitted with this Claim Form.

Date	Description	Amount
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____
____/____/____		\$____.____

**Total:** \_\_\_\_\_

#### 4. Payment to California Settlement Subclass Members.

If you reside or resided in the State of California at any time between February 2, 2021 and March 22, 2021, you are eligible to claim a \$100 cash payment.

- ☐ Yes, I resided in the State of California at any time between February 2, 2021 and March 22, 2021.
- ☐ No, I do NOT reside in the State of California at any time between February 2, 2021 and March 22, 2021.

#### California Address where Data Incident Notice was received:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

**Documentation:** The Claims Administrator may require documentation to validate your claim.

#### Attestation

- ☐ I attest under penalty of perjury that, at some time between February 2, 2021 and March 22, 2021, I was a resident of the State of California.

**Last,** you must certify that the information you provided above is true and accurate. Please sign the following:

I declare under penalty of perjury under the laws of the United States that the information I supplied in this Claim Form is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information by the Claims Administrator or Claims Referee before my claim will be considered complete and valid.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)



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