

**Must be postmarked
or submitted online
NO LATER THAN
May 17, 2021**

CITRIX DATA BREACH SETTLEMENT ADMINISTRATOR
1650 ARCH STREET, SUITE 2210
PHILADELPHIA, PA 19103
WWW.CITRIXDATABREACHSETTLEMENT.COM

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Citrix Data Breach Claim Form

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you received notice that your personal information may have been compromised in the Citrix data breach announced in March 2019, and if you did not opt out of the settlement, you may submit a claim.

The easiest way to submit a claim is online at www.CitrixDataBreachSettlement.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 benefits:

Cash Reimbursement. Use the claim form to request money for one or more of the following:

1. **Reimbursement for Money You Spent.** If you spent money trying to avoid or recover from fraud or identity theft because of the Citrix data breach, you can be reimbursed up to \$15,000. You must submit documents supporting your claim.
2. **Reimbursement for Time Spent.** If you spent time trying to avoid or recover from fraud or identity theft because of the Citrix data breach, you can get \$25 per hour for up to five (5) total hours.

Credit monitoring. Use this claim form to request free credit monitoring services through Experian for five (5) years. If you do not wish to receive credit monitoring, you can select an alternative cash payment. The alternative cash payment will be In lieu of credit monitoring and will be an amount equal to a pro rata distribution of the Net Settlement Fund.

Settlement Class Members who are Minors. Persons under the age of eighteen (18) and whose information was or may have been compromised in the Citrix Data Breach are eligible to submit a claim for settlement benefits through their legal guardian by using the Minor Claim Form.

No claim is required for **Identity Restoration Services.** U.S. consumers affected by the Citrix data breach who did not opt out of the settlement will be able to access identity restoration services for a period of at least (five) 5 years once the Settlement is final by calling 1-888-292-0073 and referencing engagement code B009229 for adults and B009231 for minors.

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Claims must be submitted online or mailed by May 17, 2021. 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 benefit may decrease depending on the number of claims filed.

For more information and complete instructions visit www.CitrixDataBreachSettlement.com.

Settlement benefits will be distributed after the Settlement is approved by the Court and final. If you submit a claim, it will be maintained as confidential and not shared with Citrix.

Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@CitrixDataBreachSettlement.com.

1. NAME:	First	Middle Initial	Last
2. ALTERNATIVE NAME(S):			
3. MAILING ADDRESS:	Street Address		
	Apt. No.		
	City		
	State		
	Zip		
4. PHONE NUMBER:			
5. EMAIL ADDRESS:			

Cash Payment: Money You Lost or Spent

If you lost or spent money trying to prevent or recover from fraud or identity theft caused by the Citrix data breach and have not been reimbursed for that money, you can receive reimbursement for up to \$15,000.

It is important for you to send documents that show what happened and how much you lost or spent, so that you can be repaid.

To look up more details about how cash payments work, visit www.CitrixDataBreachSettlement.com or call toll-free 833-984-2604. 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.

Examples of Loss Type and Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Citrix breach)
Credit monitoring and identity theft protection purchased on or after 10/13/2018 <i>Examples: Receipts or statements for credit monitoring services</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/>
Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information on or after 10/13/2018 <i>Examples: Account statement with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges; credit monitoring services you purchased</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Professional fees paid to address identity theft on or after 10/13/2018 <i>Examples: Receipts, bills, and invoices from accountants, lawyers, or others</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/>
Other expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the data breach <i>Examples: Phone bills, receipts, detailed list of places you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i>	\$ Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Cash Payment: Time Spent

If you spent time trying to recover from fraud or identity theft caused by the data breach, or if you spent time trying to avoid fraud or identity theft because of the data breach (for example, researching the breach, placing or removing credit freezes on your credit files, purchasing credit monitoring services, or taking other actions), complete the chart below. You can be compensated \$25 per hour for up to five (5) hours.

You must describe the actions you took in response to the data breach and the time each action took.

How much time did you lose related to the data breach? _____ : _____
 (Do not answer this question if you are not claiming lost time.) *Hours Minutes*

By filling out the boxes below, you are certifying that the time you spent doesn't relate to other data breaches.

Explanation of Time Spent (Identify what you did and why)	Approx. Date(s)	Number of Hours and Minutes
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Credit Monitoring or Alternative Cash Payment

You can receive up to five years of free, credit monitoring at all three national credit reporting agencies through Experian. These services retail for nearly \$1,200 per individual and include daily credit monitoring of your credit file at Experian, Equifax, and TransUnion, a \$1 million identity theft insurance policy, and additional features designed to protect against identity theft.

Or, in lieu of credit monitoring services, you may elect to receive an alternative cash payment. These payments could range from several dollars to two hundred dollars or more depending on the number of settlement class members who submit valid claims. If the settlement claims rate exceeds 25%, then alternative cash payments may be significantly reduced or withheld.

Please select either Option 1 or Option 2 below, but not both.

- Option 1, Credit Monitoring:** I want to receive free, three-bureau credit monitoring for up to five years.

If you select this option, you will be sent instructions and an activation code after the settlement is final to your email address or home address.

- Option 2, Alternative Cash Payment:** I want an alternative cash payment cash payment. By checking this box, I acknowledge that the amount and availability of this benefit is dependent on the number of individuals who submit valid claims and may be significantly reduced or withheld.

If you select this option, you cannot also enroll in the free, three-bureau credit monitoring service offered through this Settlement.

- Neither Option 1, nor Option 2: I do not want credit monitoring or a cash payment.

How You Would Like to Receive Your Cash Payment

If you made a claim for a cash payment in this claim form, you can elect to receive your payment either by check or electronically by PayPal or Venmo. Checks must be cashed within 90 days.

Which do you prefer?

Check

PayPal

(If checked) PayPal e-mail address: _____.

Venmo

(If checked) Venmo username: _____.

Phone Number associated to Venmo account: _____.

Signature

I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge and that any documents that I have submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the claims administrator before my claim is complete.

Signature:

Dated:

Print Name: