

**Your claim must  
be submitted  
online or  
postmarked by:  
NOVEMBER 24,  
2022**

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO – CENTRAL DIVISION  
*IVO KOLAR V. CSI FINANCIAL SERVICES LLC DBA CLEARBALANCE*  
*CASE NO. 37-2021-00030426*  
[www.ClearBalanceClassActionSettlement.com](http://www.ClearBalanceClassActionSettlement.com)  
**CLEARBALANCE DATA SECURITY INCIDENT CLAIM**  
**FORM**

CFB

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR  
POSTMARKED NO LATER THAN NOVEMBER 24, 2022.**

**ATTENTION:** Use this Claim Form to make a claim for Out-of-Pocket Expenses and/or Extraordinary Losses, including Time Spent that are fairly traceable to a data security incident potentially affecting the personal information of individuals participating in the CSI Financial Services LLC dba ClearBalance (together “Clear Balance”) loan program (the “Data Security Incident”). The Data Security Incident occurred between March 8, 2021 and April 26, 2021 and potentially exposed the Personal Identifying Information (“PII”) of ClearBalance loan recipients. You should also use this Claim Form to make a claim for California Cash Payment if you had a California address on file with ClearBalance at the time of the Data Security Incident. In sum, you can use this claim form to make a claim for any or all of the following, if they apply to you: (1) Out-of-Pocket Expenses, (2) Extraordinary Losses, (3) Time Spent, (4) California Cash Payment.

**I. Instructions for Completing the Claim Form**

To submit a Claim, you must have been identified as a potential Settlement Class Member and received E-Mailed or mailed Notice of this Settlement with a **unique Claim Number**. If you believe you are a Class Member and did not receive a Notice via email or U.S. Mail, you may contact the Settlement Administrator for assistance at 1-844-999-2066.

**Claim Submission:** Carefully read the instructions below, and the full Notice available at [www.ClearBalanceClassActionSettlement.com](http://www.ClearBalanceClassActionSettlement.com) before filling out your Claim Form. The fastest way to submit a claim is online at [www.ClearBalanceClassActionSettlement.com](http://www.ClearBalanceClassActionSettlement.com). Your electronic Claim Form must be submitted by November 24, 2022. If you submit a paper Claim Form, it must be postmarked no later than November 24, 2022, and sent via the United States Postal Service, addressed to:

ClearBalance Settlement Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

**Claim Verification:** All Claims are subject to verification by the Settlement Administrator. 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.ClearBalanceClassActionSettlement.com](http://www.ClearBalanceClassActionSettlement.com) for additional information or call 1-844-999-2066.

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION**

**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.**

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## II. Class Member Contact Information

The Settlement Administrator will use this information for all communications regarding this Claim Form. If this information changes prior to distribution of the Settlement benefits you must notify the Settlement Administrator.

Last Name:

[illegible]

1

[illegible][illegible]

ZIP Code:

[illegible]

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[illegible][illegible]

III. Make a Claim for a California **Cash** Payment (\$100)

If you had a California address on file in ClearBalance's business records at the time of the Data Security Incident and received notice of the Data Security Incident you may be eligible to submit a Claim Form to receive a cash payment of \$100.00 under the Settlement. Only Settlement Class Members who had a California address on file in ClearBalance's business records at the time of the Data Security Incident will be eligible for this California Cash Payment. **To be eligible for this relief you MUST submit a Claim Form and complete Section II above.**

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**IV. Claim for Reimbursement of Out-of-Pocket Expenses & Extraordinary Losses**

If you suffered documented financial losses that are fairly traceable to the Data Security Incident you may be eligible to receive compensation.

You must **submit** proof of losses and the dollar amount of those losses.

**Out-of-Pocket Expenses** may include, without limitation: (1) costs incurred on or after March 8, 2021, associated with accessing or freezing/unfreezing credit reports with any credit reporting agency; (2) other miscellaneous expenses incurred related to any Out-of-Pocket Losses, such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (3) credit monitoring or other mitigative costs that were incurred on or after March 8, 2021.

**Extraordinary Losses** are losses incurred on or after March 8, 2021, as a result of identity theft as a result of the Data Security Incident. Extraordinary Losses may include falsified tax returns, false claims for government benefits, and false claims for medical treatment.

All Claims are subject to a maximum payment amount, as explained in the Settlement Agreement. The maximum payment for any claim for Out-of-Pocket Expenses is \$1,100, for Extraordinary Losses is \$5,000, and for Time Spent is \$67.50. In addition, in the event the amount of losses claimed and California Cash Payments claimed in the aggregate by Settlement Class Members meets or exceeds \$2,650,000, then the payment for your Claim may be reduced *pro rata* by the Settlement Administrator so that the aggregate value of all payments does not exceed this amount. Please review the Settlement Agreement for further details. All claims for Out-of-Pocket Expenses and Extraordinary Losses will also be subject to a verification process by the Settlement Administrator.

Payment for California Cash Payments and for expenses and/or losses will be paid directly to you electronically unless you request to be paid by check as indicated below.

For each expense and/or loss you believe can be traced to the Data Security Incident, 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 ALL this information for this Claim to be processed.** Supporting documents must be submitted with this Claim Form. **If you fail to provide sufficient supporting documents, the Settlement Administrator may deny your Claim.** Please provide only copies of your supporting documents. 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.ClearBalanceClassActionSettlement.com](http://www.ClearBalanceClassActionSettlement.com).

*Costs and/or expenses will be deemed fairly traceable to the Data Security Incident if the Settlement Administrator determines the information submitted could lead a reasonable person to conclude the alleged loss plausibly arose from the Data Security Incident.*

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Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Payment for Identity Theft Protection Service	07-17-21 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	07-20-21 MM DD YY	\$25.00	Copy of professional services bill
	MM DD YY	\$ .	
	MM DD YY	\$ .	
	MM DD YY	\$ .	
	MM DD YY	\$ .	
	MM DD YY	\$ .	
	MM DD YY	\$ .	
	MM DD YY	\$ .	
	MM DD YY	\$ .	
	MM DD YY	\$ .	

**Additional Information**

If you believe that there is additional information related to your losses that would be helpful for the evaluation of your Claim, please explain:

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**V. Claim for Reimbursement of Time Spent**

Settlement Class Members may submit a claim for up to 3 hours of time spent remedying identity theft, fraud, misuse of personal information, credit monitoring or freezing credit reports, and/or other issues fairly traceable to the Data Security Incident at \$22.50 per hour by providing an attestation and a brief description of (1) the action taken in response to the Data Security Incident; and (2) the time associated with each action.

Date of Time Spent	Amount of Time	Description of the Action Taken
<div>07-17-21</div> <div>MM DD YY</div>	1 Hour	Example: Review my credit report
<div>07-20-21</div> <div>MM DD YY</div>	1.5 Hours	Example: Call with bank to dispute transaction.
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		
<div>  -  -  -</div> <div>MM DD YY</div>		

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## Additional Information

If you believe that there is additional information related to your losses that would be helpful for the evaluation of your Claim, please explain:

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## VI. Select a Method of Payment

Please select your desired method of payment from the Settlement Administration Account for eligible claims.  
(Only check one method of payment).

☐ Check      ☐ Zelle      ☐ PayPal      ☐ Venmo

If you have selected digital payment, please provide the email address associated with your digital payment account.

Email Address: (required if digital payment is selected)

[illegible]

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WWW.CLEARBALANCECLASSACTIONSETTLEMENT.COM OR MAILED WITH A POSTMARK  
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***ClearBalance Settlement c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103***