Your claim must be submitted online or <u>postmarked by</u>: MAY 1, 2024

CLAIM FORM FOR ACTS RETIREMENT SERVICES, INC. DATA SECURITY INCIDENT SETTLEMENT

Cara-Aimee Long Corra, et al. v. ACTS Retirement Services, Inc.
Case No. 2:22-cv-02917-GEKP
United States District Court for the Eastern District of Pennsylvania

ACTS

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING
SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as an individual who received notice from ACTS Retirement Services, Inc. ("ACTS") in July 2022 or October 2022 regarding information that was potentially compromised in a Data Security Incident ("Data Security Incident"). As a member of the Settlement Class, you are eligible to complete this Claim Form to claim (1) up to \$350 for (i) reimbursement for documented ordinary out-of-pocket expenses and/or (ii) up to 3 hours of lost time compensable at \$25 per hour, if at least one full hour was spent dealing with the Data Security Incident, and (2) reimbursement for documented extraordinary losses, not to exceed \$3,500 per Settlement Class Member, for proven actual monetary losses.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website **www.ActsRetirementDataSettlement.com**, for more information on submitting a Claim and information on the aggregate cap on claims.

To receive any of these benefits, you must submit the Claim Form below by May 1, 2024.

Expense Reimbursement: All members of the Settlement Class who submit a Valid Claim using the Claim Form are eligible to claim reimbursement for documented ordinary out-of-pocket expenses, not to exceed \$350 per member of the Settlement Class, that were incurred as a result of the Data Security Incident: Examples of reimbursable expenses incurred as a result of the Data Security Incident include bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel; fees for credit reports, credit monitoring, or other identity theft insurance products purchased between April 7, 2022 and July 17, 2023.

Time Spent dealing with the Data Security Incident: As part of an expense reimbursement claim, you may claim up to 3 hours of lost time, at \$25/hour, for time spent dealing with the effects of the Data Security Incident. This amount is subject to the \$350 per member cap.

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 \$3,500 if: (i) The loss is an actual, documented, and unreimbursed monetary loss arising from fraud or misuse; (ii) The loss from fraud or misuse was more likely than not caused by the Data Security Incident; (iii) The loss occurred between April 7, 2022 and July 17, 2023; (iv) The loss is not already covered by one or more of the examples of ordinary out-of-pocket losses listed above; and the Settlement Class Member 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.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

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This Claim Form may be submitted electronically *via* the Settlement Website at **www.ActsRetirementDataSettlement.com** or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

ACTS Retirement Services Attn: Claims Administrator 1650 Arch Street, Suite 2210 Philadelphia, PA 19103

I. CLASS MEMBER NAME AND CONTACT		ministrator if your contact	
Provide your name and contact information below. information changes after you submit this form.	Tou must notify the Claims Adi	innistrator ir your contact	
First Name	Last Name		
Street Address	_		
City	State	Zip Code	
Email Address (optional)	Telephone Number	er	
II. PROOF OF CLASS MEMBERSHIP			
Check this box to certify that you were a pe	erson to whom ACTS mailed not	ice of the Settlement.	
Enter the Notice ID Number provided on your Post	tcard Notice:		
Notice ID Number			

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III. IDENTITY THEFT PROTECTION IF YOU WISH TO RECEIVE AN EMAIL REMINDER ABOUT WHEN THE CODE FOR THE TWO YEARS OF IDENTITY THEFT PROTECTION BECOMES ACTIVE, PLEASE ENTER YOUR EMAIL ADDRESS IN SECTION I AND CHECK THIS BOX. IV. COMPENSATION FOR LOST TIME All members of the Settlement Class who have spent time dealing with the Data Security Incident may claim up to three (3) hours for lost time at a rate of \$25.00 per hour. Any payment for lost time is included in the \$350 cap per Settlement Class member (no documentation is required). Hours claimed (up to 3 hours – check one box) □ 1 Hour □ 2 Hours □ 3 Hours I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Data Security Incident. In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Security Incident. Examples of activities could include, but are not limited to, calling bank/credit card customer service lines regarding fraudulent transactions, writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed, time on the internet verifying fraudulent transactions, time on the internet updating automatic payment programs due to new card issuance, calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring, writing letters or e-mails to credit reporting bureaus regarding correction of credit reports, reviewing or monitoring health insurance statements or accounts for fraudulent activity, contacting health insurance providers regarding suspicious or fraudulent transactions, time spent dealing with a fraudulent change-of-address, or time spent reviewing the notice of the Data Incident and confirming whether information was impacted by the Data Incident. Provide description(s) here:

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ACTS

V. REIMBURSEMENT FOR ORDINARY EXPENSES

All members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$350 per member of the Settlement Class, that were incurred as a result of the Data Security Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss		
Out-of-pocket expenses incurred as a result of the Data Security Incident, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.		\$.		
Examples of Supporting Third Party Documentation: Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make claims for any documented out-of-pocket losses that you believe are reasonably related to the Data Breach or to mitigating the effects of the Data Security Incident.				
O Fees for credit reports, credit monitoring, or other identity theft insurance products purchased between April 7, 2022 through July 17, 2023.	mm/dd/yy)	\$.		
Examples of Supporting Documentation: Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.				
O Compensation for proven monetary I professional fees including attorneys' faccountants' fees, and fees for credit reservices incurred as a result of the I Security Incident.	fees, pair / / /	\$		
Examples of Supporting Documentation: Invoices or statements reflecting payments made for professional fees/services.				

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VI. REIMBURSEMENT FOR EXTRAORDINARY LOSS EXPENSES

All members of the Settlement Class who submit a Valid Claim using this Claim Form are eligible for reimbursement of the following **documented** extraordinary loss expenses, not to exceed \$3,500 per member of the Settlement Class, that were incurred as a result of the Data Security Incident. Generally, an extraordinary loss expense is unreimbursed financial loss as the direct result of financial fraud or stolen identity.

An extraordinary loss must meet the following criteria: (i) The loss is an actual, documented, and unreimbursed monetary loss arising from fraud or misuse; (ii) The loss was more likely than not caused by the Data Security Incident; (iii.) The loss occurred between April 7, 2022 and July 17, 2023; (iv) The loss is not already covered by one or more of the ordinary loss compensation categories under Section V; and the Settlement Class Member 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.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss			
O Extraordinary loss expenses incurred as a result of the Data Incident	(mm/dd/yy)	\$			
Provide a written description of your extraordinary loss expenses:					
YOU MUST SUBMIT DOCUMENTATION OF YOUR EXTRAORDINARY LOSS EXPENSES. Examples of Supporting Documentation: Bank statements, credit card statement, letters from the IRS or other tax authorities, letters from state unemployment agencies, and police reports.					

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VII. PAYMENT SELECTION

Signature	Printed Name	Date			
I swear and affirm under the laws of my correct to the best of my recollection, and	11				
VII. ATTESTATION & SIGNATURE					
	F				
Physical Check - Payment will be m	ailed to the address provided above.				
☐ Virtual Prepaid Card - Enter your e	email address:				
Mobile Number:	or Email Address:				
Zelle - Enter the mobile number or en	mail address associated with your Zelle	account:			
☐ Venmo - Enter the mobile number as	sociated with your Venmo account:				
PayPal - Enter your PayPal email add	dress:				
Please select <u>one</u> of the following payment settlement payment:	nt options, which will be used should yo	ou be eligible to receive a			