

Your claim must be submitted online or postmarked by: MAY 1, 2024

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

ACTS

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

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.

Questions? Go to www.ActsRetirementDataSettlement.com or call 1-866-720-6662.

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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 INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Check this box to certify that you were a person to whom ACTS mailed notice of the Settlement.

Enter the Notice ID Number provided on your Postcard 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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VII. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: ____-____-____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: ____-____-____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

Physical Check - Payment will be mailed to the address provided above.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

Printed Name

Date