

**Your claim must
be submitted
online or
postmarked by:
March 3, 2026**

In re: AllTrust Data Breach Litigation
Case No. CACE-25-014963
Florida Circuit Court, Broward County

ATD

CLAIM FORM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a member of the **Settlement Class**, defined as: All living individuals residing in the United States who were sent a notice of the Data Incident indicating their Private Information may have been impacted in the Data Incident.

California Settlement Subclass means Settlement Class members residing in California who were identified as potentially having personally identifiable information accessed in the Data Incident.

Data Incident means the cybersecurity incident involving Defendants resulting in the potential unauthorized access to or acquisition of Private Information that took place between February 12, 2024, and February 15, 2024.

You can submit a Claim Form online at www.AllTrustDataIncidentSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than **March 3, 2026**.

SETTLEMENT CLASS MEMBER BENEFITS

The following Settlement provides for the following benefits:

Credit Monitoring Services. Settlement Class Members shall be offered an opportunity to enroll in one year of CyEx's Financial Shield Pro with: (i) real time monitoring of the credit file with one credit bureau; (ii) dark web scanning with immediate notification of potential unauthorized use; (iii) security freezing assistance; (iv) victim assistance; (v) \$1,000,000.00 in identity theft insurance with no deductible; and (vi) access to fraud resolution agents to help investigate and resolve instances of identity theft.

Cash Payment A – Documented Losses. Settlement Class Members may submit a claim for a Cash Payment for up to \$2,500.00 per Settlement Class Member upon presentation of **extraordinary documented losses related to the Data Incident.**

- Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by Defendants or otherwise.
- No payment shall be made for emotional distress, personal/bodily injury, or punitive damages, as all such amounts are not recoverable pursuant to the terms of the Settlement Agreement.
- The loss must have been more likely than not caused by the Data Incident, and must have occurred between February 14, 2024, and **March 3, 2026**.
- The Settlement Class Member must also have also 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.

Cash Payment B – Flat Cash. As an alternative to Cash Payment A above, a Settlement Class Member may elect to receive Cash Payment B, which is a flat cash payment in the estimated amount of \$25.00. The maximum amount payable to Settlement Class Members for Cash Payment B – Flat Cash shall be \$200,000.00. In the event the aggregate claimed amount of payments for Cash Payment B exceeds \$200,000.00, then the value of such payments shall be reduced on a *pro rata* basis, such that the aggregate value of all such payments does not exceed \$200,000.00.

California Statutory Claim Payment. In addition to Cash Payment A or B, California Settlement Subclass Members who submit a Valid Claim may also elect to receive the California Statutory Award in the amount of \$50.00. The maximum amount payable to Settlement Class Members for the California Statutory Claim Payment shall be \$100,000.00. In the event the aggregate claimed amount of payments for the California Statutory Claim Payment exceeds \$100,000.00, then the value of such payments shall be reduced on a *pro rata* basis, such that the aggregate value of all such payments does not exceed \$100,000.00.

QUESTIONS? VISIT www.AllTrustDataIncidentSettlement.com OR CALL TOLL-FREE 1-888-499-4241

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if you contact information changes after you submit your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

II. CREDIT MONITORING

- ☐ Check this box if you want to receive Credit Monitoring. Submitting this Claim Form will not automatically enroll you into Credit Monitoring. To enroll, you must follow the instructions sent to your email address (that you provide in Section I above) after the Settlement is approved and becomes final (the "Effective Date").

III. CASH PAYMENT A – DOCUMENTED LOSSES

- ☐ Check this box if you are seeking payment for extraordinary documented losses related to the Data Incident.

Settlement Class Members **must submit reasonable documentation**¹ supporting the losses, which means documentation contemporaneously generated or prepared by a third party or the Settlement Class Member supporting a claim for expenses paid. Non-exhaustive examples of reasonable documentation include telephone records, correspondence including emails, or receipts.

<i>Description of Documentation Provided</i>	<i>Amount</i>
Total Documented Losses:	

¹ Except as expressly provided herein, personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation.

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IV. CASH PAYMENT B – FLAT CASH

☐ Check this box if you want to receive the Flat Cash Payment in the amount of \$25.00.

If you are submitting a claim for Cash Payment A – Documented Losses, you are not eligible for this benefit.

V. CALIFORNIA STATUTORY CLAIM PAYMENT

☐ Check this box if you are a member of the California Settlement Subclass and want to receive the California Statutory Award in the amount of \$50.00. This benefit can be selected in addition to Cash Payment A or Cash Payment B.

VI. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ PayPal ☐ Venmo ☐ Zelle ☐ Virtual Prepaid Card ☐ Check*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account, or email address for the Virtual Prepaid card: _____

***Payment via check will be mailed to the address provided in Section I above.**

VII. CERTIFICATION

I swear and affirm under penalty of perjury that I am a Settlement Class Member, and the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date

SUBMITTING YOUR CLAIM FORM

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible.

Mail your completed Claim Form (including any supporting documentation) to the Settlement Administrator, so it is postmarked no later than **March 3, 2026**.

AllTrust Data Incident Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

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