Your claim must be submitted online or postmarked by: January 15, 2026

Brian Capiau v. Ascendum Machinery, Inc.
Case No. CSLA0043
Circuit Court of Anderson County, Tennessee

CLAIM FORM

ASM-CLAIM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a Settlement Class Member, defined as:

> **All individuals residing in the United States whose PII was compromised in the Security Incident experienced by Ascendum, including all those individuals who received notice of the breach.**

You can submit a Claim Form online at www.AscendumDataSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than **January 15, 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 three years of three-bureau Credit Monitoring Services with at least $1,000,000 in identity protection insurance.

- **Extraordinary Losses** of up to a total of $3,000 per person with supporting documentation provided that (a) the loss is an actual, unreimbursed monetary loss arising from identity theft, fraud, or similar misuse, supported by documentation; (2) the loss from identity theft, fraud, or misuse was more likely than not caused by the Ascendum Machinery, Inc. data security incident; (3) the actual identity theft, misuse, or fraud loss is not already covered by the ordinary loss compensation; (4) the claimant made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance; and (5) the actual misuse or fraud loss occurred between March 23, 2023, and the close of the Claims Period.

- **Ordinary Losses** of up to $750 per person with supporting documentation for each item of expenditure claimed.

    - **Compensation for Lost Time** of up to four (4) hours at a rate of $25.00 per hour (for a maximum total of $100.00) for time actually spent by the claimant responding to issues raised by the Ascendum data security incident, provided that the claimant certifies under penalty of perjury that the lost time was spent in response to the Ascendum data security incident and provides a written description of the time spent. This does not require supporting documentation. This payment shall be included in the per person cap for compensation for Ordinary losses.

- **An Alternative Cash Payment** of $40 (in the alternative to claims for ordinary losses, extraordinary losses, lost time, and credit monitoring).

There is an aggregate cap of $300,000.00 which applies to ordinary losses, extraordinary losses, lost time, and alternative cash payments only. Credit monitoring is not subject to this cap. Payments to Settlement Class Members who make valid claims shall be reduced on a *pro rata* basis according to the number of claims made if the total exceeds the $300,000.00 aggregate cap.

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CLAIM FORM

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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 wish 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. COMPENSATION FOR ORDINARY OUT-OF-POCKET LOSSES

☐ Check this box if you are seeking reimbursement for ordinary out-of-pocket incurred as a result of the Security Incident, such as fees for credit reports, credit monitoring or other identity theft insurance products purchased as a result of the Security Incident.

You must submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking reimbursement. Complete the chart below describing the supporting documentation you are submitting, and the reimbursement amount you are seeking.

Description of Documentation Provided	***Amount***
Total Documented Ordinary Losses:	

Your claim must be submitted online or **postmarked by**: January 15, 2026	*Brian Capiau v. Ascendum Machinery, Inc.* Case No. CSLA0043 Circuit Court of Anderson County, Tennessee **CLAIM FORM**	**ASC-CLAIM**

IV. COMPENSATION FOR EXTRAORDINARY OUT-OF-POCKET LOSSES

☐ Check this box if you are seeking reimbursement for documented Extraordinary Losses that were incurred as a result of the Security Incident.

You must submit supporting documentation demonstrating the actual, unreimbursed expenses you are seeking reimbursement. Complete the chart below describing the supporting documentation you are submitting, and the reimbursement amount you are seeking.

Description of Documentation Provided	*Amount*
Total Documented Extraordinary Losses:	

V. COMPENSATION FOR LOST TIME

☐ Check this box if you are seeking compensation for time spent dealing with issues related to the Security Incident.

Indicate the number of hours spent: ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

I hereby attest under penalty of perjury that the lost time claimed above was spent in response to the Security Incident, as described below:

_____
_____
_____
_____
_____
_____

VI. ALTERNATIVE CASH PAYMENT

☐ Check this box if you wish to receive the Alternative Cash Payment in the amount of $40.00.

You are not eligible for the Alternative Cash Payment if you are seeking Credit Monitoring, Out-of-Pocket Losses or compensation for Lost Time. The $40.00 Alternative Cash Payment may be subject to a *pro rata* decrease depending on the funds available for this payment.

VII. PAYMENT SELECTION

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CLAIM FORM

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Please select **one** of the following payment options if you are seeking compensation for Out-of-Pocket Losses, Lost Time or the Alternative Cash 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 in Section I above.

VIII. 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:

Ascendum Machinery Security Incident
c/o Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103