CLAIM FORM

In re: Avis Rent A Car System, LLC Security Incident Litigation,
Case No. 2:24-cv-09243
United States District Court for the District of New Jersey

AVS

GENERAL INSTRUCTIONS

If your Private Information was compromised in a Data Security Incident experienced by Avis Rent a Car System, LLC and Avis Budget Group, Inc. ("Avis") from on or about August 3, 2024 through on or about August 6, 2024, you may submit a claim for settlement benefits, outlined below. Please refer to the Long-Form Notice posted on the Settlement Website at **www.AvisDataSecuritySettlement.com**, for more information on submitting a Claim Form.

To receive compensation for Out-of-Pocket Losses or a cash payment, you MUST submit the Claim Form below, which can also be done electronically at www.AvisDataSecuritySettlement.com by June 21, 2026.

This Claim Form may also be 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:

In re: Avis Rent A Car System, LLC
c/o Avis Data Security Incident Litigation
1650 Arch St, Suite 2210
Philadelphia, PA 19103

You may submit a claim for the following benefits:

1) **Compensation for Out-of-Pocket Losses:** Compensation from the Settlement Fund up to a total of $5,000.00 upon submission of a Valid Claim and supporting documentation, for Out-of-Pocket Losses incurred as a result of the Data Security Incident; and

Pro Rata Cash Payment: The remainder amount of the Settlement Fund allocated for Settlement Class Member benefits will be distributed as a residual *pro rata* cash payment to Settlement Class Members who submit a Valid Claim for this benefit using the Claim Form.

I. SETTLEMENT 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 Claim Form.

_____   _____
First Name   **Last Name**

_____
Address 1

_____   ___ ___   ___ ___ ___ ___ ___
City   **State**   **Zip Code**

Email Address (optional): _____@_____

Telephone Number: (___ ___ ___ **)** ___ ___ ___ - ___ ___ ___ ___

CLAIM FORM

In re: Avis Rent A Car System, LLC Security Incident Litigation,
Case No. 2:24-cv-09243
United States District Court for the District of New Jersey

AVS

II. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify that you are an individual whose Private Information was compromised in the data incident Avis experienced between on or about August 3, 2024 through on or about August 6, 2024. Private Information includes names plus driver's license information, credit card numbers and expiration dates, dates of birth, and/or phone numbers.

Enter the Settlement Class Member ID number provided on your Short Notice, or if you did not receive a Short Notice, the last four digits of your Social Security Number:

Settlement Class Member ID : AVS ____ ____ ____ ____ ____ ____ ____ ____

III. COMPENSATION FOR OUT-OF-POCKET LOSSES

Settlement Class Members may submit a claim up to a total of $5,000.00 for documented out-of-pocket losses fairly traceable to the Data Security Incident. These claims are subject to a potential pro rata decrease depending on how many Settlement Class Members make Valid Claims for out-of-pocket expense reimbursement and the amount of those claims.

Out-of-Pocket Losses incurred as a direct result of the Data Security Incident, including but not limited to:

(i)   the loss is an actual, documented, and unreimbursed monetary loss;
(ii)   the loss was more likely than not caused by the Data Security Incident;
(iii)   the loss occurred between August 3, 2024, and the Claims Deadline; and
(iv)   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.

You must submit documentation to obtain this reimbursement.

☐ I have attached documentation showing that the claimed losses were more likely than not caused by the Data Security Incident. I have submitted reasonable documentation supporting my claims. This can include receipts or other documentation that document the costs incurred but does not include documentation that is "self-prepared". "Self-prepared" documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Out-of-Pocket Expense	Amount of Out-of-Pocket Expense	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/25 (mm/dd/yy)	$50.00	Copy of identity theft protection service bill
	___/___ ___/___ ___ (mm/dd/yy)	$_____._____	
	___/___ ___/___ ___ (mm/dd/yy)	$_____._____	
	___/___ ___/___ ___ (mm/dd/yy)	$_____._____	

IV. *PRO RATA* SETTLEMENT FUND REMAINDER CASH PAYMENT

☐ If you wish to receive a share of the *Pro Rata* Cash Payment, you may check off the box for this section, and then simply return this Claim Form.

You may request this benefit even if you did not incur Out-of-Pocket Losses caused by the Data Incident. You may also request this benefit if you make a claim for Out-of-Pocket Losses caused by the Data Incident. Claimants who submit a claim for Out-Of-Pocket Losses will automatically be deemed to have submitted a claim for a share of the Settlement Remainder.

V. PAYMENT SELECTION

Select one of the following payment options:

☐ PayPal ☐ Venmo ☐ Zelle ☐ Check*

Please provide the email address or phone number associated with your PayPal, Venmo or Zelle account:

_____

***Payment will be mailed to the address provided in Section I above.*
** If you would like ACH (Direct Deposit) please visit **www.AvisDataSecuritySettlement.com**

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws the United States 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   Date (MM/DD/YYYY)

_____
Print Name