

Instructions. Please follow the instructions below and answer the questions as instructed.

CASH PAYMENT

Would you like to receive a cash payment under the Settlement? (select one)

Yes No

****** *The Parties estimate that payments under this option, for the majority of those involved, will be approximately \$50 (subject to pro rata reduction or increase). Approximately 17,000 Class members may be eligible for an additional approximately \$50 if they were impacted by both the 2022 Breach and the 2023 Breach. However, the value of payments under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, fees, and expenses. You do not need to suffer out-of-pocket losses or expenses to receive this payment.*

OUT-OF-POCKET LOSSES

The Settlement also provides reimbursement for out-of-pocket losses or expenses incurred as a result of the Data Incident, up to a maximum reimbursement of \$4,000. Examples of losses or expenses that can be reimbursed include, but are not limited to, money spent for credit monitoring services, to hire professional services to remedy identity theft, to freeze your credit, or to remedy a falsified tax return or inaccurate entries on your credit report. To obtain reimbursement, you must provide a brief description of what the losses or expenses were for, and provide supporting third-party documentation, such as receipts, bank statements, or reports.

Did you suffer any financial expenses or losses that you believe were incurred as a result of the Incident? (select one)

Yes No

If you selected no, please proceed to the end of this claim form to provide a date and signature.

If you selected yes, for each loss or expense that you believe you incurred as a result of the Incident, please provide a short description of the loss, the date of the loss, and the type of documentation you will be submitting to support the loss. You must provide ALL of this information for this Claim to be processed. **Supporting documents must also be submitted with this Claim Form.** “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. Please provide only copies of your supporting documents and keep all originals for your personal files.

Note that eligible claimants may claim either the pro-rated \$50 Cash Payment (or a pro-rated \$100 Cash Payment for those impacted by both the 2022 Breach and the 2023 Breach) or reimbursement for out-of-pocket losses, but not both.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation																							
Example: Identity Theft Protection Service	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td><td style="width: 20px;">6</td><td style="width: 20px;">-</td><td style="width: 20px;">1</td><td style="width: 20px;">7</td><td style="width: 20px;">-</td><td style="width: 20px;">2</td><td style="width: 20px;">2</td> </tr> <tr> <td colspan="2">MM</td> <td></td> <td colspan="2">DD</td> <td></td> <td colspan="2">YY</td> </tr> </table>	0	6	-	1	7	-	2	2	MM			DD			YY		\$ <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">5</td><td style="width: 20px;">0</td> <td style="width: 20px;">•</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td> </tr> </table>			5	0	•	0	0	Copy of identity theft protection service bill
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Example: Fees paid to a professional to	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td><td style="width: 20px;">2</td><td style="width: 20px;">-</td><td style="width: 20px;">3</td><td style="width: 20px;">0</td><td style="width: 20px;">-</td><td style="width: 20px;">2</td><td style="width: 20px;">3</td> </tr> <tr> <td colspan="2">MM</td> <td></td> <td colspan="2">DD</td> <td></td> <td colspan="2">YY</td> </tr> </table>	0	2	-	3	0	-	2	3	MM			DD			YY		\$ <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;">3</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td> <td style="width: 20px;">•</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td> </tr> </table>		3	0	0	•	0	0	Copy of the professional services
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remedy a falsified tax return			bill
Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
	MM DD YY		
	MM DD YY	\$	
	MM DD YY	\$	
	MM DD YY	\$	
	MM DD YY	\$	
	MM DD YY	\$	
	MM DD YY	\$	
	MM DD YY	\$	

FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.CentennialBankDataSettlement.com.

CLASS MEMBER AFFIRMATION

By submitting this Claim Form and signing my name below, I declare that I received notification from Centennial Bank or the Settlement Administrator that I am a potential Class Member. I declare under penalty of perjury that any losses or expenses identified above were suffered by me and that the information I provided is true and accurate to the best of my knowledge.

Signature:

Date: - -
MM DD YY

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT www.CentennialBankDataSettlement.com NO LATER THAN MAY 6, 2025.