

Daniel Stoffers v. Dave Inc., Case No. 20STCV35381  
Dave Inc. Settlement

**STATUTORY AND “OUT-OF-POCKET LOSS” CLAIM FORM**

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT  
WWW.DATABREACHSETTLEMENTDAVEINC.COM NO LATER THAN AUGUST 30, 2023.**

***ATTENTION:** This Claim Form is to be used to apply for damages related to the Data Breach, which affected some Dave Inc. users in summer 2020. Specifically, users who were California residents at the time of the Data Breach and whose encrypted social security number and/or hashed password were exposed in the Data Breach, as confirmed by Dave’s business records. There are two types of damages for which these users may be eligible, 1) statutory damages, and 2) reimbursement of actual losses that are fairly traceable to the Data Breach, including attested time.*

*To submit a Claim, you must have been identified as a potential Settlement Class Member from Defendant Dave Inc.’s business records and received E-Mailed or mailed Notice of this Settlement with a **unique Claim Number**. If you apply for statutory damages, you may qualify for a payment of up to \$75.00 (the “Statutory Claim”).*

*You may also apply to be reimbursed for your actual out-of-pocket losses, up to \$1,500.00, which may include reimbursement for time spent remedying identity theft or fraud, including misuse of personal information, credit monitoring or freezing credit reports at twenty-five dollars (\$25.00) for up to 10 hours (the “Out-of-Pocket Loss Claim”). You will need to submit proof of your losses in order to be eligible. **PLEASE BE ADVISED** that any documentation you provide must be submitted **WITH** this Claim Form.*

***Note that you MUST separately apply for statutory damages and out-of-pocket losses, including attested time using this Claim Form.***

***CLAIM VERIFICATION:** All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.*

***ASSISTANCE:** If you have questions about this Claim Form, please visit the Settlement website at www.DataBreachSettlementDaveInc.com for additional information or call 1 (866) 875-6779.*

**PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION FOR YOUR RECORDS.**

**Failure to submit required documentation, or to complete all parts of the Claim Form, will result in denial of the claim, delay its processing, or otherwise adversely affect the claim.**

**REGISTRATION**

First Name:	MI:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address:		
<input type="text"/>		
City:	State:	ZIP Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number:		
<input type="text"/> - <input type="text"/> - <input type="text"/>		
Email Address:		
<input type="text"/>		

Please provide the Unique ID identified in the notice that was e-mailed to you:

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

**CLAIM INFORMATION**

***Section A. Confirm Your Eligibility***

**Did you receive a Unique ID indicating that you may be a member of the Settlement Class?**

Yes  No

*If yes, continue to the next question. If no, you are not a member of the Settlement Class and do not qualify to file a Claim.*

**Did you suffer any financial expenses or other financial losses as a result of the Data Breach? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc. as a direct result of or attributed to the Data Breach?**

Yes  No

*If yes, you may be eligible to fill out **Section C** of this form and provide corroborating documentation. If no, you may not be eligible to submit a claim for “out-of-pocket” losses but may still be eligible to fill out **Section B** of this form for a Statutory Claim.*



For each loss that you believe can be traced to the Data Breach, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. **You must provide ALL this information for this Claim to be processed.** Supporting documents must be submitted electronically. Please do so as part of this Claim Form at [www.DataBreachSettlementDaveInc.com](http://www.DataBreachSettlementDaveInc.com) and provide the additional information required below. **If you fail to provide sufficient supporting documents, the Settlement Administrator will deny Your Claim.** Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator’s privacy policy is available at [www.DataBreachSettlementDaveInc.com](http://www.DataBreachSettlementDaveInc.com). With the exception of your Dave account number, name, and address, supporting documentation will not be provided to the Defendant in this action.

*Examples of such losses include payments for identity theft protection or credit monitoring you made which are fairly traceable to the Data Breach, financial losses due to stolen identity traceable to the Data Breach, etc. These are only examples and do not represent a complete list of losses eligible for compensation. Please provide a description of any loss that you claim was the result of the Data Breach.*

*Examples of documentation include receipts for identity theft protection services, etc.*

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Identity Theft Protection Service	07 - 17 - 20 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	02 - 30 - 21 MM DD YY	\$25.00	Copy of the professional services bill
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**Reimbursement for Attested Time:**

Settlement Class Members may submit a claim for up to 10 hours of time spent remedying identity theft, fraud, misuse of personal information, credit monitoring or freezing credit reports, and/or other issues fairly traceable to the Data Breach at \$25.00 per hour by providing an attestation and a brief description of (1) the action taken in response to the Data Breach; and (2) the time associated with each action.

Date of Attested Time	Amount of Time	Description of the Action Taken																
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**Additional Information**

If you believe that there is additional information related to your losses that would be helpful for the evaluation of your Claim, please explain:

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By checking the below box, I hereby declare under penalty of perjury under the laws of the State of California that the information provided in this Claim Form to support my seeking relief for Attested Time (up to \$250.00) is true and correct. I further certify that any documentation that I have submitted in support of my Claim for Attested Time consists of unaltered documents in my possession.

**Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief for Attested Time under penalty of perjury. I further understand that my failure to check this box may render my Claim for Attested Time null and void.**

**Section D. Payment**

You will receive payment for your losses under this Settlement electronically. If you do not wish to receive an electronic payment, payment for your losses will be paid in the form of a check sent to the mailing address you provided above. Please select from one of the following payment options:

Please check the box if you **do not** want to receive your payment electronically:

If you wish to receive an electronic payment, select a method below:

**PayPal** - Enter your PayPal email address: \_\_\_\_\_

**Venmo** - Enter the mobile number associated with your account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Email Address: \_\_\_\_\_

**Section E. Settlement Class Member Affirmation**

By submitting this Claim Form and checking the box below, I declare that I received notification from Dave that I have been identified as a potential Settlement Class Member. As I have submitted claims of losses due to the Data Breach, I declare that I suffered these losses.

I understand that my Claim and the information provided above will be subject to verification.

I also understand that I may not be entitled to recover under this Settlement if I am employed by and/or affiliated with the Judge or Magistrate presiding over this action, and/or am employed by the Defendant or anyone acting on its behalf.

Please include your name in both the Signature and Printed Name fields below.

Signature:

Date:

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Printed Name:

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT  
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