Claim Forms must be submitted online or postmarked by: October 22, 2026

Kennedy, et al., v. EFS Advisors, LLC, et al.,
Case No. 30-cv-24-649
Isanti County, Minnesota District Court

EFS DATA SECURITY INCIDENT SETTLEMENT CLAIM FORM

EFS

GENERAL INSTRUCTIONS

This is the Court-approved Claim Form in ***Kennedy, et al., v. EFS Advisors, LLC, et al.*** class action Settlement. Please review the eligibility requirements before completing and submitting a Claim Form in this Settlement. Under the terms of the Settlement, only Settlement Class Members may submit a Claim Form for Settlement Benefits.

The **Data Security Incident** refers to the unauthorized third-party attempt to access the computer network containing Private Information for clients of EFS Advisors, LLC and Educators Benefit Consultants, LLC d/b/a Aviben (collectively, "Defendants"), that was detected by Defendants on or about February 22, 2024, during which the unauthorized actor may have accessed impacted individuals' Private Information.

You are a Settlement Class Member and <u>ELIGIBLE</u> to submit a Claim Form if:

- ✓ You are a living individual in the United States whose Private Information was potentially compromised in the Data Security Incident

<u>AND</u>

- ✓ You have <u>not</u> excluded yourself from (or "opted out" of) this Settlement.

You are <u>NOT</u> eligible to submit a Claim Form if you are:

- ✘ A director, officer or agent of Defendants;
- ✘ A governmental entity;
- ✘ The Judge assigned to this Action, or the Judge's immediate family or Court staff;

<u>OR</u>

- ✘ A member of the Settlement Class who has requested to be excluded from this Settlement.

SETTLEMENT BENEFITS

All Settlement Class Members who submit a timely and valid Claim Form may make a Claim for **Credit Monitoring** for one year with three-bureau credit monitoring, including at least $1,000,000.00 in theft protection insurance and one of the following Cash Payment options:

(1) <u>Compensation for Documented Out-of-Pocket Losses</u>: Up to $2,500.00 per claimant for documented, out-of-pocket unreimbursed losses that are fairly traceable to the Data Security Incident. Settlement Class Members must submit reasonable documentation supporting their Claims for ordinary losses.

Reasonable documentation may include receipts, credit card statements, bank statements, invoices, and telephone records, or other documentation not "self-prepared" by the claimant that documents the costs incurred. "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. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source. These losses may include the following:

i. ***Out-of-pocket expenses incurred*** as a result of the Data Security Incident, including bank fees, long-distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;
ii. ***Fees for credit reports, credit monitoring, or other identity theft insurance products*** purchased between December 6, 2024, and October 22, 2026; and,
iii. ***Monetary losses due to fraud or identity theft*** (i) that are fairly traceable to the Data Security Incident; (ii) that occurred after the Data Security Incident and before October 22, 2026; and (iii) for which the Settlement Class Member made reasonable efforts to seek reimbursement for or avoid, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

(2) <u>Alternative Cash Payment</u>: One-time cash payment of $50.00. This is an alternative option available to Settlement Class Members who are not seeking compensation for Documented Out-of-Pocket Losses.
The maximum amount to be paid by Defendants is $850,000 (the "Aggregate Cap"). This includes all payments to Settlement Class Members, attorneys' fees, costs, service awards, notice and administration expenses, credit monitoring, and any other payments required under the Settlement. If the total value of Approved Claims, plus all costs and payments described above, exceeds the Aggregate Cap, each Settlement Class Member's individual award shall be reduced *pro rata* so that the total payments do not exceed the Aggregate Cap.

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I. NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if your 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 (if known)**

II. CREDIT MONITORING SERVICES

☐ Check this box if you want to receive Credit Monitoring Services.

Note: Enrollment instructions will be sent to the email address you provided in Section I of this Claim Form if the Settlement is approved and becomes final.

Proceed to Section III to claim Compensation for Documented Out-of-Pocket Losses or Section IV to select the Alternative Cash Payment. If you do not want a Cash Payment, proceed to Section VI.

III. DOCUMENTED OUT-OF-POCKET LOSSES

☐ Check this box if you are seeking compensation for Documented Out-of-Pocket Losses that are fairly traceable to the Data Security Incident.

Reasonable Documentation: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the loss amount that you are seeking reimbursement for that is supported by the document:

Description of Documentation Provided	Amount
Total Documented Losses Claimed:	

Proceed to Section V to select a method of payment. You are not eligible to select the Alternative Cash Payment if you are claiming compensation for Documented Out-of-Pocket Losses.

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IV. ALTERNATIVE CASH PAYMENT

☐ Check this box if you are claiming the $50.00 Alternative Cash Payment.

Proceed to the next section to select a method of payment.

V. PAYMENT SELECTION

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

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

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

For more information, including disclosures, terms and conditions related to the digital payment options, visit www.EFSDataSettlement.com.

If you do not select a payment method and your claim is approved for payment, a paper check will be sent to the address you provided in Section I above.

VI. AFFIRMATION & SIGNATURE

By signing below and submitting this Claim Form, I swear and affirm under penalty of perjury under the laws of the United States that: (1) the information supplied in this Claim Form and any documents submitted in support of my claim are true and correct to the best of my knowledge; (2) 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; and (3) I am a Settlement Class Member and I have not opted out of the Settlement.

_____ _____ _____
Signature Printed Name Date

SUBMITTING YOUR CLAIM FORM: Please keep a copy of your Claim Form and any supporting materials you submit. 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:

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