

SETTLEMENT CLAIM FORM

Note: You do not need to complete this form to receive a Basic Award.

This Claim Form should be filled out online or submitted by mail if you made a purchase, or attempted to make a purchase and were denied, on the Kroto, Inc. d/b/a iCanvas (“iCanvas”) website during the time period of May 10, 2020 to May 28, 2020, and you experienced one or more fraudulent or unauthorized charges between May 10, 2020 and November 6, 2020 on the credit or debit card you used to make such purchase and the charges were not denied or reimbursed. In order to be eligible for a Reimbursement Award, you must have made reasonable efforts to avoid, or seek reimbursement for, your losses, including by exhausting all available credit monitoring insurance and identity theft insurance.

You may receive a Reimbursement Award payment if you properly and timely complete this Claim Form, the Class Settlement Agreement is approved, and you are found to be eligible for a payment.

The Class Notice describes your legal rights and options. You can obtain the Class Notice and further information about the Litigation, the Class Settlement Agreement, and your legal rights and options on the official Class Settlement Agreement website, www.iCanvasIncidentSettlement.com, or by calling 1-855-411-2281.

Your claim must be submitted online or postmarked by November 5, 2021 to be considered for payment.

You can submit your claim for a Reimbursement Award in two ways:

1. Online at www.iCanvasIncidentSettlement.com by following instructions on the “Submit a Claim” page; or
2. By mail to the Claims Administrator at this address: iCanvas Claims Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

To prepare for completion of this Claim Form, please review the Class Notice and Paragraphs 2.3 through 2.6 of the Class Settlement Agreement (available at www.iCanvasIncidentSettlement.com) for more information on the types of awards available and rules for receiving an award. Only one Settlement Claim for a Reimbursement Award may be submitted per Settlement Class Member.

You must complete this Claim Form if you are seeking a Reimbursement Award. Please provide as much information as possible.

1. INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING A REIMBURSEMENT AWARD

Name (First, MI, Last):

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (if any): _____

Required: I attest under penalty of perjury that I made a purchase, or attempted to make a purchase that was declined, from the iCanvas website during the time period of May 10, 2020 to May 28, 2020.

Approximate date of purchase or attempted purchase (**Required**): _____

Last 4 digits of credit or debit card used (if applicable) (**Optional****): _____

**If you choose not to provide this information, the claims administrator may request further information from you to validate your claim.

(Check if card is no longer available). I attest under penalty of perjury that I no longer have the debit or credit card used and do not know or have any records showing the last 4 digits of this card.

Required: I attest under penalty of perjury that I experienced one or more fraudulent charges between May 10, 2020 and November 6, 2020 on a credit or debit card I used to make a purchase, or an attempted purchase that was declined, from the iCanvas website.

Required: Such charges have not been reimbursed.

Required: I believe in good faith such charges were incurred as a result of the Data Incident that affected iCanvas' website checkout page that was disclosed by iCanvas on or about June 26, 2020.

The total amount of unreimbursed fraudulent charges that I am claiming is \$ _____

Required: Attach a copy of statements that show the fraudulent charges and any correspondence showing that you reported them as unauthorized. (Please redact all unrelated transactions). If you do not have any written correspondence reporting the charges, describe when and how you reported them and who you reported them to:

Required: I have made good faith efforts to have these unauthorized charges reversed or repaid, including through my bank or credit card company, and have exhausted all available credit monitoring, identity theft insurance, or other applicable insurance policies, but have not been successful at having the charges reversed, have not received payment, and have no insurance coverage for these unauthorized charges.

(Check if applicable). I spent at least 1 hour dealing with these unauthorized charges and wish to be reimbursed for my time spent, up to a maximum of three (3) hours. I spent this much time (round to the nearest hour and check only one box):

1 Hour 2 Hours 3 Hours

Examples: You spent at least one full hour calling customer service lines, writing letters or emails, or on the internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Required: If time was spent on the telephone, online, or writing letters, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to get unauthorized charges reversed or reimbursed, describe what you did.

If you are also seeking reimbursement for reasonable Out of Pocket Expenses as part of your claim for a Reimbursement Award, complete Section 2. Otherwise, go to Section 3.

2. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING REIMBURSEMENT FOR OUT OF POCKET EXPENSES IN CONNECTION WITH A REIMBURSEMENT AWARD.

I attest under penalty of perjury that I am making a claim for a Reimbursement Award, and that I incurred the following reasonable Out of Pocket Expenses as a result of one or more unauthorized charges I incurred between May 10, 2020 and November 6, 2020 on a credit or debit card I used to make a purchase, or attempted to make a purchase that was declined, from the iCanvas website.

I believe in good faith that such unauthorized charges were incurred as a result of the Data Incident that affected iCanvas' website checkout page that was disclosed by iCanvas on or about June 26, 2020.

Check all that apply, stating the total amount you are claiming for each category and attaching documentation of the charges as described below. Round total amounts to the nearest dollar.

Unreimbursed payment card fees or bank fees

Total amount claimed for this category: \$ _____

Examples: Overdraft fees, over-limit fees, late fees, charges due to insufficient funds or interest, card reissuance fees.

Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions).

Cell, internet or text charges

Total amount claimed for this category: \$ _____

Examples: Long distance or cell phone charges (if charged by the minute), or data charges (if charged based on the amount of data used).

Required: A copy of the bill from your telephone company, cell phone company, or internet service provider showing the claimed charges.

Costs of obtaining credit reports, credit freezes, or credit monitoring or identity theft protection services (up to two years of coverage)

Total amount claimed for this category: \$ _____

Examples: The cost of purchasing a credit report, placing a credit freeze, or obtaining up to two years of credit monitoring or identity theft protection services.

Required: A copy of a receipt of other proof of purchase for each credit report or credit freeze purchased or placed or for purchasing credit monitoring or identity theft protection services.

Postage costs

Total amount claimed for this category: \$ _____

Examples: Postage for correspondence with your bank or credit card company about unauthorized charges. The cost of submitting this form is not included.

Required: A copy of any receipt or proof of purchase for all postage costs claimed showing date, amount and vendor.

3. PAYMENT METHOD

Please select the manner in which payment will be issued for your valid Claims.

- PayPal:* _____
PayPal Email Address
- Paper Check via
Mail:

*If you select payment via PayPal, the email address entered on this form will be used to process the payment to your PayPal account linked to that email address. If you do not have a PayPal account, you will be prompted to open an account using the email address entered on this form.

4. CERTIFICATION

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed 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.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator or Claims Referee before my claim will be considered complete and valid.

Signature: _____

Print Name: _____

Date: _____

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by November 5, 2021.

iCanvas Claims Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103