

CLAIM INFORMATION

Section I. Confirm Your Eligibility

Did you receive a unique Claim Number 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 that you believe were as a result of the Data Security Incident remedying the issues related to the Data Security Incident? 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 Security Incident?

Yes No

*If yes, you may be eligible to fill out **Section 2** of this form and provide corroborating documentation.*

Section II. Cash Payment A: Reimbursement for Documented Losses

If it is verified that you meet all the criteria described in the Settlement Agreement, and you **submit** proof of your losses and the dollar amount of those losses, you will be eligible to receive a payment compensating you for your documented losses of up to **\$5,000.00**.

Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All Claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your Claim will be reduced on a pro rata basis.

For each loss that you believe can be traced to the Data Security Incident, 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.patelcosettlement.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.patelcosettlement.com**. With the exception of your name, mailing address, email address, and phone number, supporting documentation will not be provided to Defendants in this action. Please do not directly communicate with Defendants regarding this matter. All inquiries are to be sent to the Claims Administrator.

Examples of such losses include payments for identity theft protection or credit monitoring you made, financial

losses due to stolen identity, resolving disputes for unauthorized transactions, freezing or unfreezing your credit, remedying a falsified tax return, etc. You may also prove losses by submitting information in the claim form that describes efforts spent remedying suspected identity theft, fraud, or misuse of personal information and/or other issues. 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 Security Incident.

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

Description of the Loss	Date of the Loss	Amount	Type of Supporting Documents
Example: Identity Theft Protection Service	07 – 17 – 24 MM – DD - YY	\$50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	01 – 31 – 25 MM – DD - YY	\$25.00	Copy of the professional services bill

Section III. Cash Payment B: Flat Cash Payment

In the alternative to compensation for Documented Losses, Settlement Class Members may simply make a claim for a cash payment of \$100-\$200. This payment is subject to *pro rata* adjustment.

By checking the below box, I choose a cash payment in the alternative to compensation for Documented Losses.

Yes, I choose a cash payment in the alternative to compensation for Documented Losses.

Section IV. 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 check the box if you **do not** want to receive your payment electronically:

If you wish to receive an electronic payment, please select your preferred method and provide the phone number or email associated with that account:

Select a Payment Method and provide the email address or phone number associated with that selection:

PayPal Venmo Zelle Virtual Prepaid Card (provide email address)

Digital Payment email Address or phone Number: _____

Section V. Settlement Class Member Affirmation

By submitting this Claim Form and checking the box below, I declare that I received notification from Patelco Credit Union that I have been identified as a potential Settlement Class Member. As I have submitted claims of losses due to the Data Security Incident, 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 presiding over this action, and/or am employed by the Defendants or anyone acting on their behalf.

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of unaltered documents in my possession.

Yes, I understand that my failure to check this box may render my Claim null and void.

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

Date:
Signature:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
MM			DD			YY	

Printed Name:

**IN ORDER TO BE VALID, THIS CLAIM FORM MUST BE RECEIVED ONLINE AT
www.patelcosettlement.com NO LATER THAN June 11, 2026.**