Your claim must be submitted online or postmarked by: February 16, 2027

Orrantia v. S.V.D.P. Management, Inc.
San Diego County Superior Court
Case No. 25CU048774C

CLAIM FORM

SVDP-CLAIM

GENERAL INSTRUCTIONS

This is the Court-approved Claim Form for the ***Orrantia v. S.V.D.P. Management, Inc.*** class action Settlement. You are eligible to submit a Claim Form if you are a member of the **Settlement Class**, defined as: **All residents of the United States who were potentially impacted by the Data Incident, including all who were sent a notice of the Data Incident.**

California Subclass means members of the Settlement Class who were residents of the State of California at any time between September 26, 2024 to October 12, 2024.

Data Incident refers to the suspicious activity on its network that S.V.D.P. detected and responded to on or around July 29, 2025.

You can submit a Claim Form online at www.SVDPDataSettlement.com or by completing this Claim Form and mailing it to the Settlement Administrator, so it is postmarked no later than February 16, 2027.

SETTLEMENT BENEFITS

All Settlement Class Members are eligible to receive:

CREDIT MONITORING: Two years of medical and credit monitoring and identity protection services, which includes (i) three credit bureau monitoring, (ii) report and score, (iii) dark web monitoring, (iv) identity protection services, (v) identity resolution services, and (vi) $1,000,000.00 in identity theft insurance.

OUT-OF-POCKET EXPENSES: Reimbursement for documented out-of-pocket losses that were incurred as a result of the Data Incident for one or more of the following, not to exceed a total of $5,000.00 per Settlement Class Member: (i) unreimbursed costs and expenses spent addressing identity theft or fraud; (ii) preventative costs including purchasing credit monitoring, placing security freezes on credit reports, or requesting copies of credit reports for review incurred on or after September 26, 2024 to October 12, 2024; and (iii) other documented losses that were not reimbursed. Settlement Class Members seeking reimbursement must submit reasonable documentation to support that the out-of-pocket expenses claimed were the result of the Data Incident. Failure to provide supporting documentation as requested shall result in denial of the Settlement Claim. Settlement Class Members shall not be reimbursed for Out-of-Pocket Expenses if they have already been reimbursed for the same Out-of-Pocket Expenses by another source.

PRO RATA PAYMENT: A flat cash payment representing a *pro rata* share of any amount that remains in the Settlement Fund after payment of all approved Out-of-Pocket Expenses Claims and CCPA/CMIA Claims. Each share is estimated at $50.00.

CCPA/CMIA PAYMENT: ***California Subclass Members*** may also submit a claim for a $150.00 cash payment as a result of the CCPA and CMIA claim they have brought against Defendant as California residents. This relief is in addition to any other claim for settlement benefits that the California Subclass Members would otherwise be entitled to claim pursuant to the Settlement. Approved CCPA/CMIA Claims will be paid from the money remaining in the Settlement Fund after Out-of-Pocket Expenses Claims have been fully satisfied and will be paid before the Pro Rata Claims.

PAYMENT AMOUNTS MAY BE INCREASED OR DECREASED BASED ON THE TOTAL AMOUNT OF ALL VALID CLAIMS SUBMITTED AND THE FUNDS AVAILABLE FOR THOSE PAYMENTS.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

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

II. CREDIT MONITORING

☐ Check this box if you want to receive two (2) years of three (3) bureau Credit Monitoring.

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.

III. OUT-OF-POCKET EXPENSES

☐ Check this box if you want to receive reimbursement for Out-of-Pocket Expenses.

Supporting Documentation: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the loss amount(s) that you are seeking reimbursement for (up to $5,000.00) that are supported by that documentation.

Remember: The loss must be actual, documented, and unreimbursed monetary loss resulting from fraud or identity theft related to the Data Incident.

Description of Documentation Provided	Amount
Total Documented Losses:	

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IV. CCPA/CMIA PAYMENT

☐ Check this box if you are a California Subclass Member and want to receive the $150.00 cash payment.*

Payment amount is subject to pro rata adjustment based on the funds available for these payments.

V. PRO RATA PAYMENT

☐ Check this box if you want to receive the Pro Rata Payment (estimated at $50.00).*

Payment amount is subject to pro rata adjustment based on the funds available for these payments.

VI. PAYMENT SELECTION

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

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

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

Payment via check will be mailed to the address provided in Section I above.

VII. CERTIFICATION

I swear and affirm under penalty of perjury that I am a Settlement Class Member, and the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. 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.

_____	_____	_____
Signature	Printed Name	Date

SUBMITTING YOUR CLAIM FORM

Please keep a copy of your Claim Form and any supporting materials you submit. Do not submit your only copy of the supporting documents. 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 the Settlement Administrator, so it is postmarked no later than February 16, 2027.

SVDP Data Incident Settlement
Attn: Claim Forms
P.O. Box 154
East Brunswick, NJ 08816-9998

Questions? Visit www.SVDPDataSettlement.com or call toll-free 1-888-464-4345.