

CLAIM FORM FOR PAYSAFE DATA SECURITY INCIDENT BENEFITS

USE THIS FORM TO MAKE A CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES AND/OR ATTESTED TIME.

Para una notificación en Español, llamar 1-888-888-8888 o visitar nuestro sitio web [www.\[website\].com](http://www.[website].com).

The DEADLINE to submit this Claim Form is [XXXX XX, 202X] (either on-line or postmarked: [XXXX XX, 202X])

I. GENERAL INSTRUCTIONS

If you are an individual who received notice that your Personal Information may have been compromised as a result of a data security incident that occurred from May 2018 to October 2020 when an unauthorized actor may have accessed a legacy server under the custody or control of Paysafe Payment Processing Solutions, LLC (“Paysafe”) (the “Data Security Incident”) you are a Class Member. The legacy server contained the personal information of individuals who enrolled for merchant services with Paysafe’s affiliate(s).

As a Class Member, you are eligible to make a claim for **one or more of the following**:

- **Reimbursement for Out-of-Pocket Losses:** all Class Members may submit a claim for up to \$25,000 for reimbursement of Out-of-Pocket Losses, which must be accompanied by (i) third-party documentation supporting the loss; and (ii) a brief description of documentation describing the nature of the loss if not apparent from the documentation alone. A claim for Out-of-Pocket Losses may be combined with a claim for reimbursement for Attested Time, but in no circumstance will a Settlement Class Member be eligible to receive more than \$25,000 for such reimbursements combined. A claim for Out-of-Pocket Losses may be reduced *pro rata* if the aggregate value of all claims exceeds \$400,000.
- **Reimbursement for Attested Time:** all Class Members may submit a claim for reimbursement of Attested Time up to ten (10) hours at \$25 per hour, which must be supported by a brief description of the actions taken in response to the Data Security Incident and the time associated with each action. A claim for Attested Time may be combined with a claim for reimbursement for Out-of-Pocket Losses, but in no circumstance will a Settlement Class Member be eligible to receive more than \$25,000 for such reimbursements combined. A claim for Attested Time may be reduced *pro rata* if the aggregate value of all claims exceeds \$400,000.

Regardless of whether you submit a claim for Out-of-Pocket Losses or Attested Time, all Class Members are entitled to receive a Residual Cash Payment which will represent a *pro rata* share of the Net Settlement Fund after payment of all Valid Claims for Out-of-Pocket Losses and/or Attested Time and other fees and expenses.

Complete information about the Settlement and its benefits are available at [www.\[website\].com](http://www.[website].com).

This Claim Form may be submitted online at [www.\[website\].com](http://www.[website].com) or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. You may mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Paysafe Data Security Incident Settlement Administrator
PO Box XXXX

Questions? Go to [www.\[website\].com](http://www.[website].com) or call 1-XXXXXXXX.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
return filing			
<input type="radio"/> Credit freeze	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	<input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<i>Examples: Notices or account statements reflecting payment for a credit freeze:</i>
<input type="radio"/> Credit monitoring that was ordered on or after May 1, 2018	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	<input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring services</i>
<input type="radio"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	<input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office), indication of why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Paysafe Data Security Incident.</i>
<input type="radio"/> Other (provide detailed description)	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yy)	<input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<i>Please provide detailed description below or in a separate document submitted with this Claim Form:</i>

If you do not submit third party documentation supporting a Reimbursement for Out-of-Pocket Losses, or your claim for a Reimbursement for Out-of-Pocket Losses claim is rejected by the Settlement Administrator for any reason and you do not cure the defect, you will not be eligible to receive reimbursement for such losses.

V. REIMBURSEMENT FOR ATTESTED TIME

Please check off this box for this section if you are electing to seek reimbursement for Attested Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Security Incident. Class Members who elect to submit a Claim for reimbursement of Attested Time may claim up to ten (10) hours of lost time at a rate of \$25 per hour, for a maximum of \$250.

Please indicate below how much time (round to the nearest hour and check only one box) that you spent to prevent or mitigate fraud and identity theft following the announcement of the Data Security Incident:

- 1 Hour
 2 Hours
 3 Hours
 4 Hours
 5 Hours
 6 Hours
 7 Hours
 8 Hours
 9 Hours
 10 Hours

Questions? Go to [www.\[website\].com](http://www.[website].com) or call 1-XXXXXXX.

Examples: Select “1 Hour” if 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.

VI. METHOD OF PAYMENT

You can elect to receive payment for any approved claims either electronically by Zelle, Venmo, PayPal, or ACH or by check mailed to you. If you do not make an election, payment will be made via check mailed to you.

Which method of payment do you prefer? (**CHOOSE ONE**)

- Zelle - Zelle email or mobile number: _____
- Venmo - Venmo username: _____
- PayPal - PayPal email address: _____
- Check - mailing address _____

VII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature

Date: _____

Print Name

VIII. ATTESTATION (REQUIRED FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES AND ATTESTED TIME CLAIMS)

I, _____, declare that I suffered the Attested Time and/or incurred Out-of-Pocket Losses claimed above.

Questions? Go to [www.\[website\].com](http://www.[website].com) or call 1-XXXXXXX.

[Name]

I also attest that the Attested Time and/or incurred Out-of-Pocket Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of California and of the United States of America that the foregoing is true and correct. Executed on _____, in _____, _____.
[Date] [City] [State]

[Signature]