

# Exhibit F

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Your claim must be submitted online or postmarked by: <<Claim Form Deadline>>

**CLAIM FORM**

*Burnelle, et al. v. Sage Home Loans Corp.*  
Case No. 0:24-cv-00972-MGL  
United States District Court District of South Carolina

SHLC-C

**GENERAL INSTRUCTIONS**

If you received a Notice, the Settlement Administrator identified you as Settlement Class Member who may have been involved in a Data Incident and were notified by Sage Home Loans Corporation f/k/a Lenox Financial Mortgage Corporation d/b/a/ Weslend Financial ("SHLC") on or around December 2023. You may submit a Claim for Settlement Class Member Benefits, outlined below. Please refer to the Long Form Notice posted on the Settlement Website [www.website.com](http://www.website.com), for more information on submitting a Claim Form.

**To receive compensation for ordinary losses or lost time from this Settlement, you MUST submit the Claim Form below electronically at [www.website.com](http://www.website.com) by <<Claims Deadline>>**

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

*SHLC Data Incident Action*  
c/o Kroll Settlement Administration LLC  
PO Box XXXX  
New York, NY 10150-XXXX

**You may submit a claim for the following benefits:**

- 1) **Compensation for Ordinary Losses:** Compensation for unreimbursed ordinary losses fairly traceable to the Data Incident, may be up to a total of \$1,500 per person. Settlement Class Members must submit documentation supporting their Claims for ordinary losses; and
  - 2) **Compensation for Lost Time:** Settlement Class Members with time spent remedying issues related to the Data Incident may receive reimbursement of \$25 per hour up to five hours (for a total of \$125) with an attestation, including a brief description of the action(s) taken in response to the Data Incident;
- OR
- 3) **Alternate Compensation:** Instead of selecting compensation for ordinary losses or compensation for lost time, a Settlement Class Member may elect to receive a flat payment in the amount of \$50.

Questions? Go to [www.website.com](http://www.website.com) or call (XXX) XXX-XXXX

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**I. PAYMENT SELECTION**

If you would like to elect to receive your Cash Payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

**II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Address 1**

\_\_\_\_\_  
**Address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Email Address (optional):** \_\_\_\_\_ @ \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP**

Check this box to certify that you are an individual who may have been involved in the Data Incident and were notified that their personal information may have been impacted as a result of the Data Incident.

Enter the Settlement Class Member ID number provided on your Postcard Notice:

**Settlement Class Member ID :** 0 0 0 0 0 \_\_\_\_\_

Questions? Go to [www.website.com](http://www.website.com) or call (XXX) XXX-XXXX

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**IV. COMPENSATION FOR ORDINARY LOSSES**

Settlement Class Members may submit a Claim for a Cash Payment of up to \$1,500 for reimbursement of ordinary losses fairly traceable to the Data Incident.,

Ordinary losses incurred as a direct result of the Data Incident, including but not limited to:

- (i) *Out of pocket expenses incurred* as a result of the Data 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; and
- (ii) *Fees for credit reports, credit monitoring, or other identity theft insurance* product purchased between November 15, 2023, and <<Claim Form Deadline>>.

**You must submit documentation to obtain this reimbursement.**

I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident. I have submitted reasonable documentation supporting their Claims for ordinary losses. This documentation may include receipts 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, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter.

Cost Type (Fill all that apply)	Approximate Date of Out-of-Pocket Loss	Amount of Out-of-Pocket Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 7/17/2 0 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

Questions? Go to [www.website.com](http://www.website.com) or call (XXX) XXX-XXXX

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**V. COMPENSATION FOR LOST TIME**

**Lost Time.** Are you claiming a Cash Payment for up to \$125 for lost time spent dealing with the Data Incident (\$25 per hour, up to 5 hours)? If yes, fill out section below.

I affirm that I spent time dealing with the effects or perceived effects of the Data Incident and stating the amount of time (up to 5 hours) that I spent dealing with the effects of the Data Incident.

Time Spent:  1 hour  2 hours  3 hours  4 hours  5 hours

**VI. ALTERNATE COMPENSATION**

By checking the below box, I choose a \$50 flat payment. **Do not select this if you chose an option above.**

Yes, I choose a flat payment of \$50, instead of the compensation for ordinary losses or compensation for lost time above.

**VII. ATTESTATION & SIGNATURE**

I swear and affirm under the laws the United States 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.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Print Name

