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

**CLAIM FORM FOR GOLDEN CORRAL DATA
INCIDENT LITIGATION**

In re Golden Corral Data Incident Litigation
Case No. 5:24-cv-00123-M-BM
United States District Court for the Eastern District of North
Carolina, Western Division

**GOLDENCORRAL-
C**

USE THIS FORM ONLY IF YOU ARE A SETTLEMENT CLASS MEMBER

GENERAL INSTRUCTIONS

If you received a Notice of this Settlement, the Settlement Administrator identified you as a Settlement Class Member who may have received a notice from Golden Corral that their information may have been impacted by the Data Incident that occurred between August 11, 2023, and August 15, 2023. You may submit a claim for a Settlement Payment, outlined below.

Please refer to the Notice posted on the Settlement Website www.Website.com, for more information on submitting a Claim Form and if you are part of the Settlement Class.

To receive a Settlement Payment from this settlement via an electronic payment, you must submit the Claim Form below electronically at 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:

<<Mailing Caption>>
c/o Kroll Settlement Administration LLC
PO Box XXXX
New York, NY 10150-XXXX

Pro Rata Cash Payments will be adjusted up or down depending on the amount of Approved Claims. Any increases or decreases to *Pro Rata* Cash Payments will be on an equal basis. **You may submit a claim for one of the following benefits:**

- 1) ***Compensation of Unreimbursed Economic Losses:*** Settlement Payment from the Settlement Fund, up to a total of **\$10,000** per Settlement Class Member, upon submission of an Approved Claim and supporting documentation, for unreimbursed ordinary and/or extraordinary economic losses incurred as a result of the Data Incident;

OR

- 2) ***Pro Rata Cash Payment.*** Settlement Class Members may submit a claim for a *pro rata* share of the Net Settlement Fund, instead of Unreimbursed Economic Losses. The estimated value of *Pro Rata* Cash Payments will be **\$50** per valid claimant. The amount of the *Pro Rata* Cash Payments will be increased or decreased on a *pro rata* basis, depending upon the number of Approved Claims filed and the amount of funds available for these payments.

Questions? Go to www.website.com or call (XXX) XXX-XXXX.

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I. PAYMENT SELECTION

If you would like to elect to receive your Settlement 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 if you are an individual impacted by the Data Incident that occurred between August 11, 2023, and August 15, 2023, who was sent a notice of the Data Incident.

Enter the Class Member ID Number provided on your Notice:

Class Member ID : 0 0 0 0 0 _____

Questions? Go to www.website.com or call (XXX) XXX-XXXX.

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IV. UNREIMBURSED ECONOMIC LOSSES

All Settlement Class Members are eligible for compensation for up to \$10,000 per person for Unreimbursed Economic Losses incurred as a result of the Data Incident, including *unreimbursed ordinary and/or extraordinary economic losses* incurred as a result of the Data Incident, including, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Settlement Class Members with Unreimbursed Economic Losses must submit documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that document 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.

You must have Unreimbursed Economic Losses incurred as a result of the Data Incident and submit documentation to obtain this reimbursement.

☐ I have attached documentation showing that the Unreimbursed Economic Losses were more likely than not caused by the Data Incident. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

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)
Example: Identity Theft Protection Service	0 7/17/2 5 (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 or call (XXX) XXX-XXXX.

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IV. *PRO RATA* CASH PAYMENT

By checking the below box, I choose an estimated \$50 *pro rata*, or equal share, cash payment (which may increase or decrease depending on the number Approved Claims and remaining Settlement Funds). **Do not submit a claim for Unreimbursed Economic Losses.**

☐

Yes, I choose an estimated \$50 *Pro Rata* Cash Payment.

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state 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

Questions? Go to www.website.com or call (XXX) XXX-XXXX.

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