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Your Claim must
be submitted
online or
postmarked by:

<<Claims

Deadline>>

CLAIM FORM FOR ESO DATA INCIDENT LITIGATION*In Re ESO Solutions, Inc. Breach Litigation*

Case No. 1:23-cv-01557-RP

United States District Court for the Western District of Texas

ESO-C

GENERAL INSTRUCTIONS

You are a Settlement Class Member if you are a Person who received a Notice Letter from ESO and were a resident of Texas at the time ESO distributed the Notice Letter, outlined below.

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

To receive a Settlement Benefit 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

P.O. Box XXXX

New York, NY 10150-XXXX

Class Members under the Settlement Agreement will be eligible to receive the following Settlement Benefits:

- ❖ **Reimbursement for Out-of-Pocket Losses:** All Class Members who submit a Valid Claim are eligible to receive reimbursement for documented Out-of-Pocket Losses, if fairly traceable to the Data Incident, **up to \$5,000** per individual (Out-of-Pocket Loss Cap), which shall be paid out of the Settlement Fund **upon submission of reasonable documented losses**;

AND

- ❖ **Pro Rata Cash Payments:** Class Members may, in addition to making a Claim for reimbursement of Out-of-Pocket Losses, elect to receive a cash payment the amount of which will be determined *pro rata* to exhaust the Settlement Fund following the payment of any a Attorneys' Fees, Costs, and Expenses and/or Service Awards for Plaintiffs, Settlement Administration Costs, Administration Fees, as well as all Valid Claims for Out-of-Pocket Loss reimbursements.

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Benefit 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.

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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II. 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: _____@_____

III. PROOF OF DATA INCIDENT CLASS MEMBERSHIP☐

Check this box to certify if you are a Person who received a Notice Letter from ESO and were a resident of Texas at the time ESO distributed the Notice Letter.

Enter the Class Member ID Number provided on your Short Notice:

Class Member ID: 0 0 0 0 0 _____

IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

All Class Members who submit a Valid Claim are eligible to receive reimbursement for documented Out-of-Pocket Losses, if fairly traceable to the Data Incident, up to \$5,000 per individual (Out-of-Pocket Loss Cap), which shall be paid out of the Settlement Fund upon submission of reasonable documented losses.

- Out-of-Pocket Losses are unreimbursed costs or expenditures incurred by a Class Member in responding to notice of the Data Incident. Out-of-Pocket Losses may include, without limitation, the following:
 - (1) costs incurred on or after September 28, 2023, associated with accessing or freezing/unfreezing credit reports with any credit reporting agency;
 - (2) other miscellaneous expenses incurred related to any Out-of-Pocket Loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges;
 - (3) credit monitoring or other mitigative costs that were incurred on or after September 28, 2023, through the date of the Class Member's Claim submission.
- Class Members who elect to submit a Claim for reimbursement of Out-of-Pocket Losses must provide to the Settlement Administrator the information required to evaluate the Claim, including: (1) the Class Member's

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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name and current address; (2) documentation supporting their Claim; (3) a brief description of the documentation describing the nature of the loss, if the nature of the loss is not apparent from the documentation alone; and (4) a verification, stating that the Claim is true and correct to the best of the Class Member's knowledge and belief.

Documentation supporting Out-of-Pocket Losses can include receipts or other documentation not "self-prepared" by the Class Member 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 to or support other submitted documentation. Out-of-Pocket Losses will be deemed *fairly traceable* to the Data Incident for purposes of this paragraph if the timing of the loss occurred on or after September 28, 2023.

Class Members may submit multiple Claims for Out-of-Pocket Losses and the total of all amounts recovered for Out-of-Pocket Losses is subject to the \$5,000 Out-of-Pocket Loss Cap.

You must have Out-of-Pocket Losses incurred as a result of the Data Incident and submit documentation to obtain this Settlement Benefit.

☐ I have attached documentation showing that the documented 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 Out-of-Pocket Losses	Amount of Out-of-Pocket Losses	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	<u>0 7/17/2 0</u> (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	<u> / / </u> (mm/dd/yy)	\$_____.	
	<u> / / </u> (mm/dd/yy)	\$_____.	
	<u> / / </u> (mm/dd/yy)	\$_____.	

Questions? Go to www.Website.com or call toll-free (XXX) XXX-XXXX.

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V. PRO RATA CASH PAYMENT

Class Members may, in addition to making a Claim for reimbursement of Out-of-Pocket Losses, elect to receive a cash payment the amount of which will be determined *pro rata* to exhaust the Settlement Fund following the payment of any a Attorneys' Fees, Costs, and Expenses and/or Service Awards for Plaintiffs, Settlement Administration Costs, Administration Fees, as well as all Valid Claims for Out-of-Pocket Loss reimbursements.

☐ Yes, I choose a *pro rata* cash payment. **You may also submit a Claim for Out-of-Pocket Losses above.**

If a Claimant makes a Claim for documented Out-of-Pocket Losses that is found to be invalid for lack of documentation, but fails to Claim a *pro rata* cash payment, that Claimant shall be deemed to have made a Valid Claim for a *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 toll-free (XXX) XXX-XXXX.

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