

# Exhibit E



\*\*\*\*\*PLACEHOLDER\*\*\*\*\*

<p>Unreimbursed Credit Card Fees</p> <p><i>Examples: Credit card statement</i></p>	<p>\$</p> <p>MM DD YYYY</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Unreimbursed Credit Monitoring</p> <p><i>Examples: Costs of credit report(s), credit monitoring, and/or other identity theft insurance products purchased</i></p>	<p>\$</p> <p>MM DD YYYY</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Other Losses or Costs Resulting from Identity Theft or Fraud</p> <p><i>Examples: Including, but not limited to, the cost of postage, gas for local travel or interest on payday loans due to card cancellation</i></p>	<p>\$</p> <p>MM DD YYYY</p>	<p>_____</p> <p>_____</p> <p>_____</p>

**Documented Extraordinary Expenses**

You can receive reimbursement for up to \$10,000.00 for documented unreimbursed extraordinary expenses incurred as a result of the Data Incident if: (1) the loss is an actual, documented, and unreimbursed monetary loss; (2) the loss was more likely than not caused by the Data Incident; (3) the loss occurred between February 25, 2020 and **MONTH XX, 20YY** (Claims Deadline); (4) the loss is not already covered by one or more of the out-of-pocket reimbursement categories; and (5) you made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance. To receive reimbursement for any documented Extraordinary Loss, you must attach documents to your Claim Form that show what happened and how much you lost or spent so that you can be repaid and provide a description of how the loss is fairly traceable to the Data Incident, if not readily apparent from the documentation. This may include receipts or other documentation. "Self-prepared" documentation such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

<p><b>Expense Types and Examples of Documents</b></p>	<p><b>Approximate Amount of Expense and Date</b></p>	<p><b>Description of Expense or Money Spent and Supporting Documents</b> (Identify what you are attaching and why it's related to the Data Incident)</p>
<p>Extraordinary Loss</p> <p><i>Examples: Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical identity theft</i></p>	<p>\$</p> <p>MM DD YYYY</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Other Extraordinary Losses</p> <p><i>Please provide a detailed description or a separate document submitted with this Claim Form.</i></p>	<p>\$</p> <p>MM DD YYYY</p>	<p>_____</p> <p>_____</p> <p>_____</p>

\*0000PLACEHOLDER0000\*

**Credit Monitoring**

You may elect to receive three years of free three-bureau credit monitoring offered by \_\_\_\_\_.

I would like to be enrolled in three years of credit monitoring.

**Alternative Cash Payment**

If you do not want to claim reimbursement for Ordinary Losses or Extraordinary Losses, you may instead claim a pro-rata (a legal term meaning equal share) payment from the Net Settlement Fund after all costs associated with the Settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.

I would like to claim a pro-rata Alternative Cash Payment.

**How You Would Like to Receive Your Cash Payment**

If you made a claim for a cash payment in this Claim Form, you need to elect to receive your payment either by check or as a digital payment (e.g., an ACH direct deposit or prepaid debit card using instructions emailed to you). Checks must be cashed within **180** days of receiving them.

Which do you prefer? (choose one)

Check Mailed to Me

Zelle

Venmo

Digital Mastercard

I affirm under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge, and any documents I submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the Claims Administrator before my claim is complete.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_