

Exhibit E

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

CLAIM FORM FOR SOVOS DATA INCIDENT

In re Sovos Compliance Data Security Incident Litigation

Case No.: 1:23-cv-12100

United States District Court District of Massachusetts

SOVOS-C

USE THIS FORM ONLY IF YOU ARE SETTLEMENT CLASS MEMBER

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as a Settlement Class Member because your Private Information may have been involved in the Data Incident. 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.xxxxxxxxxxxx.com, for more information on submitting a Claim Form.

To receive Settlement Class Member Benefits for Cash Payment A or Cash Payment B, Credit Monitoring and the California Statutory Claim Payment, if applicable, you must submit the Claim Form below by <<Claim Form Deadline>>.

This Claim Form may be submitted electronically *via* the Settlement Website at www.xxxxxxxxxxxx.com or completed and mailed to the address below. If you choose to complete and mail in a Claim Form, 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:

*In re Sovos Compliance Data Security Incident Litigation
c/o Kroll Settlement Administration LLC
PO Box XXXX
New York, NY 10150-XXXX*

You may submit a Claim for the following Settlement Class Member Benefits

Cash Payment A:

- 1) **Compensation for Ordinary Losses:** All Settlement Class Members are eligible to recover up to a total of \$2,000 of compensation for unreimbursed ordinary losses fairly traceable to the Data Incident that incurred between May 30, 2023, and the date of the Claim Form Deadline. Settlement Class Members must submit documentation supporting their Claims for ordinary losses, and such losses must not have been previously reimbursed or subject to reimbursement by insurance or a third party. The ordinary losses claimed must also be reasonably described and supported by an attestation under penalty of perjury, which is part of this Claim Form.
- 2) **Compensation for Lost Time:** Settlement Class Members who spent time remedying issues related to the Data Incident may also receive reimbursement of \$25 per hour up to five hours (for a total of \$125), with an attestation that includes a brief description of the action(s) taken in response to the Data Incident. No documentation is required.
- 3) **Compensation for Extraordinary Losses:** Settlement Class Members are also eligible to recover up to a total of \$10,000 of compensation for extraordinary losses if the extraordinary loss: (i) is an actual, documented and unreimbursed monetary loss due to fraud or identity theft; (ii) is fairly traceable to the Data Incident; (iii) occurred after the Data Incident and before the Claim Form Deadline; (iv) is not already covered by one or more of the ordinary loss categories, and (v) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

OR

Cash Payment B:

In the alternative to Cash Payment A above, Settlement Class Members may make a Claim for Cash Payment B, which is a flat payment in the amount of \$150.

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AND IF APPLICABLE TO YOU:

California Statutory Award: In addition to Cash Payment A or Cash Payment B, California Settlement Subclass members may also elect to receive the California Statutory Award in the amount of \$100.

AND

In addition to Cash Payment A or Cash Payment B, and the California Statutory Award, if applicable, you may also submit a Claim for Credit Monitoring.

Credit Monitoring:

In addition to Cash Payment A or Cash Payment B and the California Statutory Claim, if applicable, Settlement Class Members may also elect Credit Monitoring that will include; (i) real time monitoring of the credit file at all three bureaus; (ii) dark web scanning with immediate notification of potential unauthorized use; (iii) comprehensive public record monitoring; (iv) medical identity monitoring; (v) identity theft insurance (no deductible); and (vi) access to fraud resolution agents to help investigate and resolve instances of identity theft.

Pro Rata Adjustments

Settlement Class Cash Payments and California Statutory Awards will be subject to a *pro rata* increase from the Net Settlement Fund in the event the amount of Valid Claims is insufficient to exhaust the entire Net Settlement Fund. Similarly, in the event the amount of Valid Claims exhausts the amount of the Net Settlement Fund, the amount of the Cash Payments and California Statutory Awards may be reduced *pro rata* accordingly. For purposes of calculating the *pro rata* increase or decrease, the Settlement Administrator must distribute the funds in the Net Settlement Fund first for payment of Credit Monitoring and then for Cash Payments and California Statutory Awards. Any *pro rata* increases or decreases to Cash Payments and California Statutory Awards will be on an equal percentage basis. In the unexpected event the value of Credit Monitoring on its own exhausts the amount of the Net Settlement Fund, the length of the Credit Monitoring provided will be reduced as necessary to bring the cost within the Net Settlement Fund.

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I. 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

ALL INFORMATION IS REQUIRED

Address 1

Address 2

City State Zip Code

Email : @

Telephone Number: () -

II. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

Check this box to certify you are an individual residing in the United States who was sent a notice by Sovos or by a Sovos Customer indicating your Private Information may have been impacted in the Data Incident.

Enter the Class Member ID Number provided on your Postcard Notice or in your Email Notice or the last four digits of your Social Security Number:

Class Member ID : 0 0 0 0

III. PAYMENT SELECTION

All Cash Payments and California Statutory Awards will be paid by electronic payment. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

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

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IV. CASH PAYMENT A

DO NOT COMPLETE THIS SECTION IF YOU WANT TO SELECT THE CASH PAYMENT B OPTION OF \$150 BELOW.

COMPENSATION FOR ORDINARY LOSSES

Settlement Class Members not selecting the flat Cash Payment B option of \$150 may claim up to \$2,000 by submitting a valid and timely Claim Form and reasonable supporting documentation for ordinary losses fairly traceable to the Data Incident that occurred between May 30, 2023, and the date of the Claim Form Deadline. 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. Ordinary losses can arise from the following categories:

- (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 May 30, 2023, and the date of the Claim Form Deadline that the claimant attests he/she incurred as a result of the Data Incident.

You must submit documentation to obtain this reimbursement.

I have attached documentation showing that the claimed losses were fairly traceable to the Data Incident.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 7 - 1 7 - 2 0 MM DD YY	\$50.00	Copy of identity theft protection service bill
Example: Travel expenses resulting from a breach	0 2 - 3 0 - 2 1 MM DD YY	\$25.00	Copy of receipts for travel and related expenses
	- - MM DD YY	\$.	
	- - MM DD YY	\$.	
	- - MM DD YY	\$.	
	- - MM DD YY	\$.	

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

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V. CASH PAYMENT B

By checking the below box, I choose a cash payment of \$150 in the alternative to Cash Payment A.

NOTE: YOU MAY NOT FILE FOR COMPENSTATION FOR ORDINARY LOSSES, COMPENSATION FOR LOST TIME, OR COMPENSATION FOR EXTRAORDINARY LOSSES IF YOU ARE FILING FOR THE CASH PAYMENT B CLAIM IN THIS SECTION.

[] Yes, I choose Cash Payment B of \$150 in the alternative of Cash Payment A.

VI. CALIFORNIA STATUTORY CLAIM PAYMENT

By checking the below box, I elect a California Statutory Award of \$100 in addition to the Claims above.

NOTE: YOU MUST BE A CALIFORNIA SETTLEMENT SUBCLASS MEMBER TO MAKE AN ELECTION.

[] I attest and affirm that I was residing in California on May 30, 2023.

Address: _____ Zip Code: _____

VII. CREDIT MONITORING CLAIM

By checking the below box, I choose, in addition to Cash Payment A or Cash Payment B and the California Statutory Claim Payment (if applicable) to make a Claim for Credit Monitoring that will include: (i) real time monitoring of the credit file; (ii) dark web scanning with immediate notification of potential unauthorized use; (iii) comprehensive public record monitoring; (iv) medical identity monitoring; (v) identity theft insurance (no deductible); and (vi) access to fraud resolution agents to help investigate and resolve instances of identity theft.

[] Check this box to certify that you elect and are eligible to receive a credit monitoring and identity theft protection product for 3 years because you did not previously accept the credit monitoring and identity theft protection services offered by Sovos or a Sovos Customer in connection with the Settlement Class Member's Data Incident.

[] Check this box to elect to receive a credit monitoring and identity theft protection product for 1 year.

VIII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of 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 _____