

Exhibit F

DocuSign Envelope ID: 181B9118-54B4-48E4-BD99-D04EDC59F845
Settlement Administration - Case 12
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

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PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION SETTLEMENT

You may be entitled to submit a claim for monetary compensation under a class action settlement.

www.TLDataSettlement.com

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WHO IS A CLASS MEMBER?
In Docusign Envelope ID: 181B9118-54B4-48E4-BD99-D04EDC59F845, a Class Member if you received notice that your personal information was potentially compromised in the data security incident that Alliance Solutions Group, LLC d/b/a TalentLaunch ("TalentLaunch") experienced in May 2023 (the "Data Incident").

WHAT ARE THE SETTLEMENT BENEFITS AND TERMS?
Under the settlement, TalentLaunch has agreed to pay \$1,225,000 into a Settlement Fund which will be distributed to Class Members who submit Approved Claims. Class Members who believe they suffered Out-of-Pocket Losses or expenses as a result of the Data Incident may claim up to \$5,000 for the reimbursement of sufficiently documented losses or expenses. All Class Members may also submit claims to receive additional cash payments of approximately \$53.77 (assuming a claims rate of roughly 10% of the 119,000-person Class), which will be *pro rata* adjusted up or down based on the balance of the Settlement Fund after payments for valid Out-of-Pocket Loss or expense claims, Administrative Expenses, attorneys' fees and expenses, and any Class Representative Service Award. The *pro rata* payment will not exceed \$350. More information about the types of claims and how to file them is available at www.TLDataSettlement.com.

WHAT ARE YOUR RIGHTS AND OPTIONS?
Submit a Claim Form. To qualify for a cash payment, you must timely mail a Claim Form that is attached to this notice or complete and submit a Claim Form online at www.TLDataSettlement.com. Your Claim Form must be postmarked or submitted online no later than , 2025.

Opt Out. You may exclude yourself from the settlement and retain your ability to sue TalentLaunch on your own by mailing a written Request for Exclusion to the Settlement Administrator that is postmarked no later than , 2025. If you don't exclude yourself, you will be bound by the settlement and give up your right to sue regarding the Released Claims.

Objecting. If you do not exclude yourself, you have the right to object to the settlement. Written objections must be signed, postmarked no later than , 2025, and provide the reasons for the objection. If you intend to file an objection, please review the full requirements for filing an objection located at www.TLDataSettlement.com.

Do Nothing. If you do nothing, you will not receive a Settlement Payment and will lose the right to sue regarding the Released Claims.
Attend the Final Approval Hearing. The Court will hold a Final Approval Hearing at m. ET on , 2025 to determine if the settlement is fair, reasonable, and adequate. All persons who timely object to the settlement may appear at the Final Approval Hearing.

Who are the attorneys for the Plaintiffs and the proposed Class? The Court has appointed Terence R. Coates of Markovits, Stock & DeMarco, LLC; Gary M. Klinger of Milberg Coleman Bryson Phillips Grossman, PLLC; Cassandra Miller of Strauss Borrelli PLLC; Brian Flick of DannLaw, and Tyler Bean of Siri Glimsiad to represent the Class.

Do I have any obligation to pay attorneys' fees or expenses? No. Attorneys' fees and expenses will be paid exclusively from the Settlement Fund as awarded and approved by the Court. Class Counsel will request attorneys' fees in an amount not exceeding \$408,333.33, and litigation expenses in an amount not exceeding \$35,000. The motion for attorneys' fees and expenses will be posted on the Settlement Website once it is filed.

How much is the Class Representative Service Award? The Class Representatives will seek Service Awards in the amount of \$4,000 for their efforts in this case.

Who is the Judge overseeing this Settlement? United States District Judge Pamela A. Barker.
Where may I locate a copy of the Settlement Agreement, learn more about the case, update my address or learn more about submitting a claim?
www.TLDataSettlement.com.

*** Please note that if you wish to submit a claim for compensation for Out-of-Pocket Losses, you will likely need to submit your claim online so that you can attach all information necessary to support your request for payment. If you wish to receive just a *pro rata* cash payment, the attached tear off claim form will suffice. A longer version of the Claim Form may be accessed on the Settlement Website.

This Notice is a summary of the proposed settlement.

Visit www.TLDataSettlement.com or call (XXX) XXX-XXXX

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BRM
Postage

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In re TalentLaunch Data Breach Litigation
Case No.: 1:24-cv-0456 (N.D. Ohio)



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

CLAIM FORM

**Claim Forms must be postmarked or submitted online no later than <CLAIMS DEADLINE>
Contact Information (Please fill in completely.)**

If different address from the preprinted data on the left, please print your correct information.

Unique ID: <<refnum>>
<<firstname>> <<mi>> <<lastname>>
<<address1>> <<address2>>
<<City>>, <<State>> <<Zip>>

Address

City State Zip Code

() - @
Telephone Number Email Address

Select one of the following:

☐ **Pro Rata Cash Fund Payment:** All Class Members may also submit claims to receive additional cash payments of approximately \$53.77 (assuming a claims rate of roughly 10% of the 119,000-person Class), which will be *pro rata* adjusted up or down based on the balance of the Settlement Fund after payments for valid Out-of-Pocket Loss or expense claims, Administrative Expenses, attorneys' fees and expenses, and any Class Representative Service Awards. The *pro rata* payment will not exceed \$350.

Compensation for Out-of-Pocket Losses (up to \$5,000): To file a claim for Out-of-Pocket Losses, do not return this tear-off Claim Form. You must submit your claim online or return the full Claim Form via mail to the Settlement Administrator. You must submit supporting documentation to be compensated for Out-of-Pocket Losses.

By signing my name, I swear and affirm I am completing this Claim Form to the best of my personal knowledge.

Signature: _____ Dated: ____ / ____ / ____