

Exhibit E

Yuan v. Hometruster Mortgage

Civil Action No. 22-cv-01355

(United States District Court for the Western District of Texas)

REIMBURSEMENT FORM

Eligible Settlement Class Members may submit one or more Claims for reimbursement for documented Economic Losses related to the Incident that have not been reimbursed by other third parties, or Attested Time spent in response to the Incident.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at www.INSERTWEBSITE.com or by calling 1-[PHONENUMBER](tel:PHONENUMBER).

Settlement Class Members who wish to make a timely and properly supported Claim for reimbursement of Economic Losses related to the Incident must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; and (b) an affidavit signed under penalty of perjury demonstrating (i) the Economic Losses that were suffered; (ii) the Economic Losses claimed are fairly traceable to the Incident; and (iii) the total amount claimed has not been reimbursed by any other person or entity. Economic Losses that are compensated under this Agreement are those that are reasonable and customarily incurred when responding to the type of fraud or identity theft suffered by the Settlement Class Member from the Incident.

Settlement Class Members who wish to make a timely and properly supported Claim for reimbursement of Attested Time spent in relation to the Incident must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; (b) a brief description of the actions taken in response to the Data Security Incident and (c) the time associated with each action.

Settlement Class Members must submit this documentation along with the form required below through the Settlement Website, or by mailing it to the following address:

Yuan v. Hometruster Mortgage
SETTLEMENT ADMINISTRATOR
P.O. Box [XXXXXX](#)
[City, State XXXXX-XXXX](#)

If you have any questions, call [1-PHONE NUMBER](tel:1-PHONE NUMBER) or go to www.INSERTWEBSITE.com for more information.

Deadline: All Claims must be submitted to the Settlement Administrator on or before [DATE](#).

of how such losses are related to the Data Incident. (You may attach additional pages if necessary).

Signature: _____ Print Name: _____	Date: _____ Your claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be issued a payment using the email or street address you provide. This process takes time; please be patient.
---	---

ATTESTED TIME

I declare under penalty of perjury that:

- The Attested Time is related to the Incident.

Only one (1) form is needed for all Attested Time incurred from the Incident.

Hours of Attested Time

| | | | |

An affidavit must be submitted to support your exact claim amount.

Please provide a brief description of the actions taken in response to the Data Security Incident and (b) the time associated with each action; (You may attach additional pages if necessary).

Signature: _____	Date: _____
Print Name: _____	Your claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be issued a payment using the email or street address you provide. This process takes time; please be patient.

REIMBURSEMENT FORMS MUST BE POSTMARKED NO LATER THAN [PARTIES TO INSERT DATE] TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT [Error! Hyperlink reference not valid.]OR MAIL THIS CLAIM FORM TO [SETTLEMENT ADMINISTRATOR, ADDRESS.]

CASH PAYMENT AND CREDIT MONITORING FORM

Any Settlement Class Members may submit a claim for credit monitoring (including Settlement Class Members who submitted claims for economic losses or attested time). Any settlement member who did not submit a reimbursement for economic losses or attested time may submit a claim for a cash payment of \$50. **YOU DO NOT HAVE TO SHOW ANY FINANCIAL LOSS TO MAKE A CLAIM FOR A CASH PAYMENT OR OBTAIN CREDIT MONITORING UNDER THIS SETTLEMENT.**

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at www.INSERTWEBSITE.com or by calling 1-[PHONENUMBER](tel:PHONENUMBER).

Settlement Class Members who wish to make a timely cash payment and/or receipt of Credit Monitoring related to the Incident must provide to the Settlement Administrator the information required to evaluate the claim, including: (a) the Claimant's name and current address; and (b) a statement signed under penalty of perjury indicating that they are a member of the class.

Settlement Class Members must submit this documentation along with the form required below through the Settlement Website, or by mailing it to the following address:

SETTLEMENT ADMINISTRATOR

[ADDRESS](#)

[ADDRESS](#)

If you have any questions, call [1-PHONE NUMBER](tel:1-PHONE NUMBER) or go to www.INSERTWEBSITE.com for more information.

Deadline: All Claims must be submitted to the Settlement Administrator on or before [DATE](#).

CLAIMANT INFORMATION
Please Type or Print in the Boxes Below

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (Street, PO Box, Suite or Office Number)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information

Last Four Digits of Social Security Number

Email Address (optional)

Telephone Number (optional)

I declare under penalty of perjury that:

I provided my personal information to Hometrust Mortgage

Signature: _____	Date: _____
Print Name: _____	Your claim will be submitted to the Settlement Administrator for review. If your Cash Payment or Credit Monitoring Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be issued a payment using the email or street address you provide. This process takes time; please be patient.

CLAIM FORMS MUST BE POSTMARKED NO LATER THAN [PARTIES TO INSERT DATE] TO BE ELIGIBLE FOR PAYMENT OR RECEIPT OF CREDIT MONITORING SERVICES. FILE ONLINE AT [INSERT] OR MAIL THIS CLAIM FORM TO [SETTLEMENT ADMINISTRATOR, ADDRESS.]