Equifax Financial Institution Data Breach Settlement c/o Analytics Consulting LLC, Settlement Administrator P.O. Box 2004 Chanhassen, MN 55317-2004

CLAIM FORM

COMPLETE AND SIGN THIS FORM AND SUBMIT ONLINE NO LATER THAN DECEMBER 31, 2020 at:

www.EquifaxFIDataBreachSettlement.com

OR

SUBMIT BY MAIL POSTMARKED BY **DECEMBER 31. 2020** at:

Equifax Financial Institution Data Breach Settlement c/o Analytics Consulting LLC, Settlement Administrator P.O. Box 2004
Chanhassen, MN 55317-2004

- Use this form if your financial institution is a Settlement Class Member that is entitled to make a claim under the Settlement. For more information about who is a Settlement Class Member and details about the Settlement, see www.EquifaxFIDataBreachSettlement.com.
- To make a claim, first, fill out the "Settlement Class Member Information" on the next page, regardless of the type of Claim you are making.
- After the Settlement Class Member Information section, this form has two parts. You should fill out Part I if your financial
 institution wants to make a "Fixed Payment Claim" and be eligible to receive a fixed payment of \$4.50 per Alerted on Card.
 No documentation is needed for Part I, but you must provide the total number of Alerted on Payment Cards issued by your
 institution.
- You should fill out Part II if your financial institution wants to make a "Documented Out-of-Pocket Claim," and be eligible to receive up to \$5,000 as reimbursement for certain types of expenses incurred directly as a result of, and specifically associated with, the Equifax Data Breach (subject to potential pro rata reduction depending on the amount of valid claims). To validly complete a Documented Out-of-Pocket Claim, you will need to provide documentation to support your claim, as further explained below. The claim is subject to review and validation by the Settlement Administrator and there is no guarantee that your Documented Out-of-Pocket Claim will be approved.
- Your institution may file just one or both types of Claim, but if you intend to file a claim in Part II, you must still complete Part I to verify that you are a Settlement Class Member.
- Please note that Settlement benefits will be distributed only after the Settlement is effective.

Materials to Gather to Complete a Fixed Payment Claim (Part I): The number of payment card accounts your financial institution issued that were identified as having been at risk as a result of the Data Breach in an alert (i) in the MasterCard series ADC 004129-US-17 (e.g., ADC 004129-US-17-1, ADC 004129-US-17-2, ADC 004129-US-17-3); (ii) in the Visa series US-2017-0448-PA (e.g., US-2017-0448a-PA, US-2017-0448b-PA, US-2017-0448c-PA); (iii) in the American Express Incident Number C1709012512; (iv) in a similar notice issued by Discover, the recipients of which were identified by Discover in discovery in the Action.

Materials to Gather to Complete a Documented Out-of-Pocket Claim (Part II): First, gather the same information identified immediately above and complete Part I to verify that you are a Settlement Class Member. Then You will need to provide supporting documentation depending on the type of out-of-pocket expenses you seek reimbursement for. Please read the following carefully:

- If your institution made reimbursements to its customers/members for fraudulent activity on Alerted on Payment Cards that
 occurred between July 6, 2017, and December 20, 2017, you may make a claim for a "Card-Related Fraud Award" if you
 have not been previously reimbursed for that loss. In order for your claim to be considered, you must provide documentation
 that demonstrates:
 - (1) the fraudulent activity occurred on an Alerted on Payment Card;
 - (2) the fraudulent activity occurred between July 6, 2017 and December 20, 2017;
 - (3) you reimbursed your customer/member within four months after being notified of the fraudulent activity; and
 - (4) the fraudulent activity involved use of the payment card information that was stolen in the Data Breach. Satisfactory documentation may include, but is not limited to, correspondence with customers, correspondence with card brands regarding fraudulent activity on payment cards, payment card and/or bank statements, and police reports.
- 2. If you incurred actual expenses between May 13, 2017 and December 20, 2017 to reimburse a customer/member for fraudulent banking activity that occurred as a direct result of, and specifically because of, the Equifax Data Breach, you may make a claim for a "Non-Card Related Fraud Expense" by providing the following documentation:
 - (1) bank statements, paid invoices or other documentation showing the timing and amounts of reimbursements which are being claimed;
 - (2) documentation showing that the reimbursements were due to the fraudulent use of the reimbursed customer's PII of the type that was impacted in the Data Breach (i.e., name, address, birth date, Social Security Number, and/or driver's license number) (such as a police report, investigative report, or correspondence with the customer who received the reimbursement); and
 - (3) an attestation explaining the basis for your assertion that the fraud for which the you seek reimbursement occurred directly as a result, and specifically because, of the Data Breach, and stating that you have not previously been reimbursed for the expenses.
- 3. If your institution incurred actual costs between September 7, 2017 and December 20, 2017 for customer/member authentication or fraud detection services you procured and/or implemented directly as a result of, and specifically in response to, the Equifax Data Breach, you may make a claim for a "Breach-Related Expenditure." To do so, provide the following documentation:
 - (1) document/s showing amounts paid for the services and reflecting when the services were first purchased;
 - (2) a description of the services for which reimbursement is being sought (such as a brochure or other descriptive materials from the service provider); and
 - (3) an attestation explaining that the services were purchased directly as a result, and specifically because, of the Data Breach and were not purchased in response to any other data breach, regulatory requirement, or industry best practice.

** ALL CLAIMANTS MUST COMPLETE THE SECTION BELOW **

SETTLEMENT CLASS MEMBER INFORMATION					
Name of Financial Institution / Settlement Class Member					
Name of Person Filling Out This Form First Name M.I. Last Name					
Your Title in the Financial Institution					
Mailing Address					
City State Zip Code					
Daytime Phone					
Email Address (if provided, we will communicate primarily by email about your claim)					

PART I - FIXED PAYMENT CLAIM

<u>CERTIFICATION OF PAYMENT CARDS:</u> Please complete all parts of the question below:

Is your financial institution the issuer of one or more payment cards that were identified in any of the categories of alerts or similar documents below? (Check All Applicable Boxes Below.)

If you check "YES" for any category of alert(s) (or similar documents), indicate how many payment card accounts your financial institution issued that were identified in the referenced alert(s) or similar documents. For purposes of completing this form, please note that a payment card number can have only one corresponding payment card account, even if your financial institution issued multiple payment cards bearing the card number.

form, please note that a payment card number can have only one corresponding payment card account, even if your financial institution issued multiple payment cards bearing the card number.				
(a) Visa alert(s) in the US-2017-0448-PA series	☐ YES	\square no		
Number of Issued Accounts Identified in	These Alerts:			
(b) MasterCard alert(s) in the ADC 004129-US-17 series	☐ YES	□ №		
Number of Issued Accounts Identified in	These Alerts:			
(c) Discover alert(s) for Equifax	☐ YES	□ №		
Number of Issued Accounts Identified in These Alerts	/ Documents:			
(d) American Express Incident Number C1709012512	☐ YES	□ NO		
Number of Issued Accounts Identified in These Alerts	/ Documents:			
If you are unable to answer YES to any part of Question 1 then your financial institution is not a Settlement Class Member and is not eligible to participate in <u>any</u> part of this Settlement. Please do not submit a form.				
SIGN THE CLAIM FORM ON THE LAST PAGE				
PART II – DOCUMENTED OUT-OF-POCK	ET CLAIM			
PART II MUST BE COMPLETED ONLY IF YOU WANT TO MAKE A DOCUMENTED OUT-OF-POCKET CLAIM. IF YOU ONLY WANT TO MAKE A FIXED PAYMENT CLAIM, YOU CAN SKIP THIS SECTION BUT YOU STILL NEED TO SIGN YOUR CLAIM FORM.				

You may list as many expenses as you can document. However, the maximum amount that a Settlement Class Member can receive for these Claims is \$5,000. Depending on the amount of Claims received, your Claim may be reduced on a prorated basis.

Were you able to state in Part I that your institution issued at least one Alerted on Card? If the answer is no, your institution is not a Settlement Class Member. Please do not submit a claim form.	YES	□ №
2. Did your institution reimburse any of its customers/members for fraudulent activity on Alerted on Payment Cards that occurred between July 6, 2017, and December 20, 2017, that was directly as a result of, and specifically associated with, the Equifax Data Breach and which has not previously been reimbursed to your institution?	YES	□ NO
If so, state the total amount you reimbursed to customers/members in the box:	\$	
You will need to provide documentation. Please refer to the Instructions regarding acceptable documentation for a "Card-Related Fraud Award." Attach the supporting documentation for your claim, including a document describing what you have attached for this claim. Clearly label the documentation (e.g., with a cover sheet) and keep it separate from documentation submitted for other forms of out-of-pocket costs.		

PART II – DOCUMENTED OUT-OF-POCKET CLAIM, CONTINUED

3. Did your institution incur actual expenses between May 13, 2017 and December 20, 2017 to reimburse any of its customers/members for fraudulent banking activity (not card-related) that occurred as a direct result of, and specifically because of, the Equifax Data Breach? If so, state the amount you reimbursed to customers/members in the box: You will need to provide documentation, including an attestation. Please refer to the Instructions regarding acceptable documentation for a "Non-Card Related Fraud Expense." Attach the supporting documentation for your claim, including a document describing what you have attached for this claim. Clearly label the documentation (e.g., with a cover sheet) and keep it separate from documentation submitted for other forms of expenses.	YES NO
4. Did your institution incur actual costs between September 7, 2017 and December 20, 2017 for customer authentication or fraud detection services you procured and/or implemented directly as a result of, and specifically in response to, the Equifax Data Breach? If so, state the amount you spent in the box: You will need to provide documentation, including an attestation. Please refer to the Instructions regarding acceptable documentation for a "Breach-Related Expenditure." Attach the supporting documentation for your claim, including a document describing what you have attached for this claim. Clearly label the documentation (e.g., with a cover sheet) and keep it separate from documentation submitted for other forms of expenses.	YES NO
SIGN THE CLAIM FORM BELOW	
SIGN CLAIM FORM	

Print Name	 Title
Signature of Duly Authorized Representative of Settlement Class Member	Date Signed
Settlement Class Member declares under penalty of perjury under the laws of the Unite true and correct. The above-named Settlement Class Member understands that this class dender that the Settlement Administrator may require supplementation of Settlement Class Member. The representative signing this form certifies that it has aut above-named Settlement Class Member.	laim may be subject to audit, verification, f this Claim or additional information from
By submitting this Claim Form, the above-named Settlement Class Member certifies settlement and that the information provided in this claim form is true and correct. The	9

CLAIM SUBMISSION REMINDERS

- You may submit your claim by mail or through the website at www.EquifaxFIDataBreachSettlement.com.
- Please keep a copy of this claim form if submitting by mail.
- If you are making a claim in Part II, please be sure to follow the Instructions and include the required types of documentation. Clearly label and describe the documentation (e.g., with a cover sheet), and group documentation separately for different types of expenses.
- Claims must be submitted through the website by **December 31, 2020** or mailed so they are postmarked, by **December 31, 2020**.