

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:

PART I – FIXED PAYMENT CLAIM

CERTIFICATION OF PAYMENT CARDS: 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.

<p>(a) Visa alert(s) in the US-2017-0448-PA series</p> <p style="text-align: right;">Number of Issued Accounts Identified in These Alerts:</p>	<p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>
<p>(b) MasterCard alert(s) in the ADC 004129-US-17 series</p> <p style="text-align: right;">Number of Issued Accounts Identified in These Alerts:</p>	<p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>
<p>(c) Discover alert(s) for Equifax</p> <p style="text-align: right;">Number of Issued Accounts Identified in These Alerts / Documents:</p>	<p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>
<p>(d) American Express Incident Number C1709012512</p> <p style="text-align: right;">Number of Issued Accounts Identified in These Alerts / Documents:</p>	<p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p>

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 any part of this Settlement. Please do not submit a form.

SIGN THE CLAIM FORM ON THE LAST PAGE

PART II – DOCUMENTED OUT-OF-POCKET 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.

<p>1. Were you able to state in Part I that your institution issued at least one Alerted on Card?</p> <p>If the answer is no, your institution is not a Settlement Class Member. Please do not submit a claim form.</p>	<p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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?</p> <p>If so, state the total amount you reimbursed to customers/members in the box:</p> <p>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.</p>	<p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"> \$ <input style="width: 150px; height: 20px;" type="text"/> </p>

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

<p>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?</p> <p>If so, state the amount you reimbursed to customers/members in the box:</p> <p>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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>\$ <input style="width: 100px; height: 20px;" type="text"/></p>
<p>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?</p> <p>If so, state the amount you spent in the box:</p> <p>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.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>\$ <input style="width: 100px; height: 20px;" type="text"/></p>

SIGN THE CLAIM FORM BELOW

SIGN CLAIM FORM

By submitting this Claim Form, the above-named Settlement Class Member certifies that it is eligible to make a claim in this settlement and that the information provided in this claim form is true and correct. The Duly Authorized Representative of the Settlement Class Member declares under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. The above-named Settlement Class Member understands that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from Settlement Class Member. The representative signing this form certifies that it has authority to submit the form on behalf of the above-named Settlement Class Member.

Signature of Duly Authorized Representative of Settlement Class Member

M M D D Y Y Y Y

- -

Date Signed

Print Name

Title

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**.