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CLAIM FORM FOR PAYSAFE DATA SECURITY INCIDENT BENEFITS

USE THIS FORM TO MAKE A CLAIM FOR REIMBURSEMENT OF OUT-OF-POCKET LOSSES AND/OR ATTESTED TIME.

**The DEADLINE to submit this Claim Form is November 27, 2023
(either on-line or postmarked: November 27, 2023)**

I. GENERAL INSTRUCTIONS

If you are an individual who received notice that your Personal Information may have been compromised as a result of a Data Security Incident that occurred from May 2018 to October 2020 when an unauthorized actor may have accessed a legacy server under the custody or control of Paysafe Payment Processing Solutions, LLC (“Paysafe”) (the “Data Security Incident”) you are a Class Member. The legacy server contained the personal information of individuals who enrolled for merchant services with Paysafe’s affiliate(s).

As a Class Member, you are eligible to make a Claim for **one or more of the following**:

- **Reimbursement for Out-of-Pocket Losses:** all Class Members may submit a Claim for up to \$25,000 for reimbursement of Out-of-Pocket Losses, which must be supported by (i) third-party documentation supporting the loss; and (ii) a brief description of the nature of the loss. A Claim for Out-of-Pocket Losses may be combined with reimbursement for Attested Time, but in no circumstance will a Settlement Class Member be eligible to receive more than \$25,000. A Claim for Out-of-Pocket Losses may be reduced *pro rata* if the aggregate value of all Approved Claims exceeds the Net Settlement Fund.
- **Reimbursement for Attested Time:** all Class Members may submit a Claim for reimbursement of Attested Time up to ten (10) hours at \$25 per hour, which must be supported by an attestation that the time was spent in response to the Data Security Incident. A Claim for Attested Time may be combined with reimbursement for Out-of-Pocket Losses, but in no circumstance will a Settlement Class Member be eligible to receive more than \$25,000. A Claim for Attested Time may be reduced *pro rata* if the aggregate value of all Approved Claims exceeds the Net Settlement Fund.

In addition to claiming reimbursement for Out-of-Pocket Losses and/or Attested Time, all Class Members are entitled to receive a Residual Cash Payment, which will represent a *pro rata* share of the Net Settlement Fund after all funds necessary to pay for Approved Claims for Out-of-Pocket Losses and/or Attested Time have been deducted therefrom.

In the event that the aggregate value of all Approved Claims for Out-of-Pocket Losses and/or Attested Time exceeds the Net Settlement Fund, then the value of such payments shall be reduced on a *pro rata* basis, such that the aggregate value of all Approved Claims for Out-of-Pocket Losses and/or Attested Time equals the Net Settlement Fund and no Residual Cash Payments will be made. Complete information about the Settlement and its benefits are available at www.PaySafeSettlement.com.

This Claim Form may be submitted online at www.PaySafeSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. You may mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Bitmouni v. Paysafe
c/o Kroll Settlement Administration
P.O. Box 5324
New York, NY 10150-5324

Questions? Go to www.PaySafeSettlement.com or call 1-833-910-3608.



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II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator by calling (833) 910-3608 or in writing at the address above.

First Name M.I. Last Name

Alternative Name(s)

Mailing Address, Line 1: Street Address/P.O. Box

Mailing Address, Line 2

City State Zip Code

(_____)_____
Telephone Numbers (Home)

(_____)_____
Telephone Numbers (Cell)

Email Address @ _____

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Unique ID Number Provided on mailed Notice (if known)

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You may only select one of the following options:

III. CLASS MEMBERSHIP

Please check this box if you received a notice related to this Class Action and provide your Unique ID Number in Section II above.

Please check this box if you have **not** received a notice but believe that you should be included in the Class. You must provide documentation demonstrating that you are a member of the Class.

IV. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

Please check this box if you are electing to seek reimbursement for Out-of-Pocket Losses you incurred that are more likely than not traceable to the Data Security Incident and are not otherwise reimbursable from insurance. Out-of-Pocket Losses include unreimbursed losses and consequential expenses that are more likely than not related to the Data Security Incident and were incurred on or after May 1, 2018.

In order to make a Claim for **Reimbursement of Out-of-Pocket Losses**, **you must** (i) fill out the information below and/or on a separate sheet submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section VIII); and (iii) submit third party documentation supporting each claimed cost along with this Claim Form. **Out-of-Pocket Losses** need to be deemed more likely than not due to the Data Security Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Security Incident. **Failure to meet the requirements of this section may result in your Claim being rejected by the Settlement Administrator.**

Unreimbursed fraud losses or charges

- *Account statement with unauthorized charges highlighted;*
- *Correspondence from financial institution declining to reimburse you for fraudulent charges*

Professional fees incurred in connection with identity theft or falsified tax returns

- *Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return*

Credit freeze

- *Notices or account statements reflecting payment for a credit freeze*

Credit Monitoring ordered after receipt of the Data Breach Notice

- *Receipts or account statements reflecting purchases made for credit monitoring and insurance services*

Miscellaneous expenses, such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.

- *Phone bills*
- *Gas receipts*
- *Postage receipts*
- *Detailed list of locations to which you traveled (i.e. police station, IRS office), why you traveled there (i.e. police report or letter from IRS re: falsified tax return), and number of miles you traveled to remediate or address issues related to the data breach*

Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with a fraudulent tax return filing

- *Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of refund.*

Other (provide detailed description)

- *Please provide detailed description below or in a separate document submitted with this Claim Form*

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Unreimbursed fraud losses or charges	____/____/____ (mm/dd/yy)	\$_____.	
Professional fees incurred in connection with identity theft or falsified tax returns	____/____/____ (mm/dd/yy)	\$_____.	
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	____/____/____ (mm/dd/yy)	\$_____.	
Credit freeze	____/____/____ (mm/dd/yy)	\$_____.	
Credit monitoring that was ordered on or after May 1, 2018	____/____/____ (mm/dd/yy)	\$_____.	
Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long- distance telephone charges	____/____/____ (mm/dd/yy)	\$_____.	
Other (provide detailed description)	____/____/____ (mm/dd/yy)	\$_____.	

If you do not submit third party documentation supporting a Reimbursement for Out-of-Pocket Losses, or your Claim for Reimbursement for Out-of-Pocket Losses is rejected by the Settlement Administrator for any reason and you do not cure the defect, you will not be eligible to receive reimbursement for such losses.

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V. REIMBURSEMENT FOR ATTESTED TIME

Please check this box if you are electing to seek reimbursement for Attested Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Security Incident. Class Members who elect to submit a Claim for reimbursement of Attested Time may claim up to ten (10) hours of lost time at a rate of \$25 per hour, for a maximum of \$250.

Please indicate below how much time (round to the nearest hour) that you spent to prevent or mitigate fraud and identity theft following the announcement of the Data Security Incident and provide a brief description of the actions taken:

_____ Hour(s)

Examples: Write "1" if you spent at least one full hour calling customer service lines, writing letters or emails, or on the Internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Description of Actions Taken:

VI. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a Claim in this settlement and that the information provided in this Claim Form and any attachments is true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I understand 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 me. I also understand that all claim payments are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of Claim and the determinations of the Settlement Administrator.

Signature

Date: ____/____/____

Print Name

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**VII. ATTESTATION
(REQUIRED FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENSES AND
ATTESTED TIME CLAIMS)**

I, _____, declare that I suffered the Attested Time and/or incurred Out-of-Pocket Losses claimed.

I also attest that the Attested Time and/or incurred Out-of-Pocket Losses claimed above are accurate and were not otherwise reimbursable by insurance.

I declare under penalty of perjury under the laws of California and of the United States of America that the foregoing is true and correct. Executed on ____/____/____, in _____, _____.
[Date] [City] [State]

[Signature]

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