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2. PAYMENT ELIGIBILITY INFORMATION AND IDENTITY THEFT PROTECTION (REQUIRED)

For more information about this Section of the Claim Form and the types of awards available and rules for receiving an award, please review the Notice and Sections 2.1 through 2.4 of the Class Settlement Agreement and Release (available at www.TTECSettlement.com). You may select any or all of the awards for which you are eligible.

- A. Settlement Class Members may receive a **\$100.00** Basic Award (subject to proration). If you are claiming a Basic Award, please check this box:
 \$100.00 Basic Award (complete Sections 5 and 6)
- B. California Settlement Subclass members may **also** receive a **\$100.00** California Subclass Award (subject to proration). If you are a Settlement Class Member, you resided in California at any time between March 31, 2021, and September 12, 2021, and you are claiming this award, check this box:
 \$100.00 California Subclass Award (complete Sections 5 and 6)
- C. Settlement Class Members may receive 36 months of free identity theft protection, called “Financial Shield” by Aura (a.k.a. Pango). If you opted to receive the one year of credit monitoring initially offered by Defendants, “Financial Shield” shall be in addition to that year. If you are claiming the identity theft protection, check this box, and confirm your email address in Section 1 is correct:
 Identity Theft Protection (complete Section 6)
- D. Additionally, all Settlement Class Members who incurred Out-of-Pocket Expenses fairly traceable to the Data Security Incident may claim a Reimbursement Award of up to \$5,000.00. If you are claiming a Reimbursement Award, check this box:
 Reimbursement Award (complete Sections 3, 4, 5, and 6)

3. ADDITIONAL INFORMATION REQUIRED ONLY FROM SETTLEMENT CLASS MEMBERS SEEKING A REIMBURSEMENT AWARD FOR ONE OR MORE UNAUTHORIZED OR FRAUDULENT CHARGES FROM MARCH 31, 2021, THROUGH SEPTEMBER 6, 2023

You must complete this Section 3 if you are seeking a Reimbursement Award for one or more unauthorized or fraudulent charges from March 31, 2021, through September 6, 2023. Please provide as much information as possible.

- Required:** I attest under penalty of perjury that I experienced one or more unauthorized or fraudulent charges from March 31, 2021, through September 6, 2023.
- Required:** Such charges have not been reimbursed.
- Required:** I believe in good faith such charges were more likely than not the result of the Data Security Incident that affected the TTEC computer network described in the Notice.

Reimbursement Award For:	Total Amount and Date of Unreimbursed Fraudulent Charges	Required Documentation
Unauthorized or fraudulent charges from March 31, 2021, through September 6, 2023.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<i>Attach a copy of statements that show the fraudulent charges and any correspondence showing that you reported them as unauthorized. (You may redact all unrelated transactions). If you do not have any written correspondence reporting the charges, describe below when and how you reported them and to whom you reported them (attach pages as necessary).</i>



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Required: I have made good-faith efforts to have these unauthorized charges reversed or repaid, including through my bank or credit card company, and have exhausted all available credit monitoring, identity theft insurance, or other applicable insurance policies, but have not been successful at having the charges reversed, have not received payment, and have no insurance coverage for these unauthorized charges.

If you are seeking reimbursement for Out-of-Pocket Expenses as part of your claim for a Reimbursement Award, complete Section 4. Otherwise, go to Section 6.

4. ADDITIONAL INFORMATION REQUIRED ONLY FROM SETTLEMENT CLASS MEMBERS SEEKING REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES IN CONNECTION WITH A REIMBURSEMENT AWARD

I attest under penalty of perjury that I am making a claim for a Reimbursement Award, and that I incurred between March 31, 2021, and September 6, 2023, the following Out-of-Pocket Expenses fairly traceable to the Security Incident that affected the TTEC computer network described in the Notice.

Check all that apply, stating the total amount you are claiming for each category and attaching documentation of the charges as described below. Round total amounts to the nearest dollar.

Cost Type (Fill all that apply)	Amount and Date of Loss	Required Documentation
<input type="checkbox"/> Unreimbursed payment card fees or bank fees: <i>Examples: Unreimbursed card reissuance fees, unreimbursed overdraft fees, unreimbursed charges related to unavailability of funds, unreimbursed late fees, unreimbursed over-limit fees and unreimbursed fees relating to an account being frozen or otherwise unavailable due to the Security Incident.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<i>A copy of a bank or credit card statement or other proof of claimed fees or charges (please redact unrelated transactions).</i>
<input type="checkbox"/> Cell, internet, or text charges: <i>Examples: Long-distance or cell phone charges (if charged by the minute), or data charges (if charged based on the amount of data used).</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<i>A copy of the bill from your telephone company, cell phone company, or internet service provider showing the claimed charges.</i>
<input type="checkbox"/> Unreimbursed costs or charges for obtaining credit reports, credit freezes, or credit monitoring or identity theft protection services (up to two years of coverage): <i>Examples: The cost of purchasing a credit report or placing a credit freeze.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<i>A copy of a receipt of other proof of purchase for each credit report, credit freeze, or credit monitoring or identity theft protection services (up to two years of coverage) purchased or placed.</i>
<input type="checkbox"/> Postage costs: <i>Examples: Postage for correspondence with your bank or credit card company about unauthorized charges. The cost of submitting this form is not included.</i>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY	<i>A copy of any receipt or proof of purchase for all postage costs claimed showing date, amount, and vendor.</i>



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5. PAYMENT METHOD

Please select the manner in which payment will be issued for your valid Claims.

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal - Enter your PayPal email address:

Venmo - Enter the mobile number associated with your Venmo account: - -

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: - -

OR

Email Address:

Virtual Prepaid Card - Enter your email address:

Physical Check - Payment will be mailed to the address provided above.

* If you select Electronic Payment, and your claim is approved, you will be sent an email to the email address entered on this form with your electronic payment options at the time payments are sent.

6. CERTIFICATION

Required: The information I have supplied in this Claim Form is true and correct to the best of my recollection and this form was executed on the date set forth below.

Required: I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature

Date: - -
MM DD YYYY

Print Name

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **September 6, 2023**.

Beasley v. TTEC Claims Administrator
P.O. Box 2889
Portland, OR 97208-2889