

FPI Management Settlement  
c/o Settlement Administrator  
P.O. Box 25226  
Santa Ana, CA 92799

**Your Claim Form Must Be Submitted  
On or Before November 6, 2025**

## ***Archibeque v. FPI Management, Inc.,***

In the Superior Court of Sacramento County, California  
(Case No. 34-2021-00300923-CU-MT-GDS)

### **Claim Form**

This claim form should be filled out online or submitted by mail if you are a U.S. resident to whom FPI Management, Inc. ("FPI") or its authorized representative sent notice of a Data Security Incident discovered on or about August 14, 2020 (the "Data Security Incident"). The potential benefits include a cash payment of \$100 to individuals to whom FPI sent notice of the Data Security Incident to a mailing address in California, reimbursement for documented out-of-pocket losses up to \$400, reimbursement for documented and unreimbursed extraordinary losses resulting from documented identity theft up to \$4,250, payment for lost time spent directly dealing with the Data Security Incident up to a maximum of 3 hours at \$20 per hour, and identity protection and credit monitoring services. You may get a payment or other benefit if you timely fill out and submit this claim form, if the settlement is approved, and if you are found to be eligible for a payment or other benefit.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, [www.FPIDataIncident.com](http://www.FPIDataIncident.com), or call 1-833-360-6808 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This claim form must be mailed and postmarked by November 6, 2025.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [WWW.FPIDATAINCIDENT.COM](http://WWW.FPIDATAINCIDENT.COM).

#### **1. CLASS MEMBER INFORMATION.**

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First Name*																						Middle Initial			
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Last Name*																						Suffix			
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Primary Address*																									
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Apt/Floor/Suite																									
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City*																		State*		Zip Code*					
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Current Email Address*																									
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Current Phone Number												Settlement Claim ID*													

If your current address is outside the United States, please complete this claim form online at [www.FPIDataIncident.com](http://www.FPIDataIncident.com) and select the checkbox on the Class Member Information page that says "Please check if this is a non-U.S. address".

Your Settlement Claim ID is printed on the notice you received in the mail. If you no longer have your notice, contact the Claims Administrator at 833-360-6808.

## **2. IDENTITY PROTECTION AND CREDIT MONITORING SERVICES.**

Please review the notice and paragraph 2.1 of the Settlement Agreement for more information on the identity protection and credit monitoring services offered as part of the settlement. This is being offered in addition to any other payments to be made under this Settlement.

### **PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box if you elect to receive two years of free identity protection and credit monitoring services, which shall be provided in addition to any other identity protection and/or credit monitoring services received from FPI.

☐ **Yes, I'd like to receive two years of free identity protection and credit monitoring services as part of the settlement in addition to any other identity-theft protection and/or credit monitoring services received from FPI.**

## **3. PAYMENT ELIGIBILITY INFORMATION.**

Please review the notice and paragraph 2.2 of the Settlement Agreement for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment or other benefit.

### **PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box for each category of expenses or lost time that you incurred as a result of the Data Security Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). Please note that recovery for the \$100 cash payment is limited to individuals to whom FPI sent a notice of the Data Security Incident to a mailing address in California, \$400 per person for documented out of pocket expenses and fees incurred between August 14, 2020 and the Claims Deadline, compensation for lost time up to 3 hours at \$20 per hour (for a maximum of \$60), and up to a maximum of \$4,250 for a victim of actual documented identity theft who proves unreimbursed monetary loss that occurred after August 14, 2020 and before the close of the Claims Period directly arising from documented identity theft fairly traceable to the Data Security Incident.

☐ **I wish to make a claim for \$100. I am an individual to whom FPI sent to a mailing address in California notice of a Data Security Incident.**

☐ **Ordinary expenses and/or lost time incurred as a result of the Data Security Incident. This category is capped at \$400 to include lost time amounts. You must provide a description of the charges or time sought to be reimbursed.**

☐ **Time reimbursement for time spent dealing with the Data Security Incident**

**Examples** –You spent an hour contacting your bank and/or implementing credit monitoring, and/or checking your statements as a result of the Data Security Incident. Recovery for this category is paid out at \$20/hour, for up to 3 hours.

☐ 1 Hour

☐ 2 Hours

☐ 3 Hours

Explanation of Time Spent (Identify what you did by activity and why)	Approx. Date(s) (if known)	Time Spent on Activity
<hr/> <hr/> <hr/>		

☐ **Documented Out of Pocket Expenses/Reimbursement of fees paid for services or products purchased as a result of the Data Security Incident between August 14, 2020 and the Claims Deadline up to a maximum of \$400.**

*You must provide supporting documentation. Examples* - bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (if charged based on the amount of data used), postage, or gasoline/electricity for travel; fees for credit reports, credit monitoring, or other identity theft insurance, purchased between August 14, 2020 and November 6, 2025.

Total amount for this category: \$

Expense Types	Approximate Amount of Expense and Date	Description of Expense or Money Paid and Supporting Documents (Identify what you are attaching, and why it's related to the Data Incident)
	\$  Date:	<hr/> <hr/> <hr/>
	\$  Date:	<hr/> <hr/> <hr/>

*If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred.*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

☐ **Extraordinary expenses – documented monetary loss arising from actual identity theft incurred as a result of the Data Security Incident after August 14, 2020 and before the close of the Claims Period. This category is capped at a maximum of \$4,250.**

Reimbursements in this category is for those whose suffered actual identity theft because of the Data Security Incident and reimbursement must be (1) for actual, documented, and unreimbursed monetary losses; (2) fairly traceable to the Data Security Incident; (3) occurring between August 14, 2020 and November 4, 2025; and (4) not already covered as ordinary expenses above and for which you made reasonable efforts to avoid or seek reimbursement for, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

Total amount for this category: \$

Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching, and why it is related to the Data Incident)
\$    Date:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

*If you are seeking reimbursement for out-of-pocket expenses, please attach documentation to show you were the victim of actual identity theft and a copy of each statement or receipt from the company that charged you, showing the date and amount of charges incurred. Documentation you create may be submitted but may not suffice.*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

#### **4. SIGN AND DATE YOUR CLAIM FORM.**

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked by the Claims Administrator to provide supplemental information before my claim will be considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

#### **5. REMINDER CHECKLIST**

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the settlement administration website at [www.FPIDataIncident.com](http://www.FPIDataIncident.com) and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please visit the settlement administration website at [www.FPIDataIncident.com](http://www.FPIDataIncident.com) and provide these documents by completing the Secure Contact Form.
4. For more information, please visit the settlement administration website at [www.FPIDataIncident.com](http://www.FPIDataIncident.com) or call the Settlement Administrator at 833-360-6808 Please do not call the Court or the Clerk of the Court.