

400848419999999998

**Must be postmarked or
submitted online NO LATER
THAN SEPTEMBER 04, 2025**

MNGI Data Incident Litigation
Settlement Administrator
P.O. BOX 2410
PORTLAND, OR 97208-2410
www.MNGIsettlement.com

Your Information

This information will be used to contact you and process your Claim Form. It will not be used for any other purpose. If any of the following information changes, you must promptly provide your updated information by mail to P.O. BOX 2410, PORTLAND, OR 97208-2410.

First Name

[illegible]

MI

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Last Name

[illegible]

Mailing Address

[illegible]

City

[illegible]

State

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ZIP Code

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Phone Number

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Email Address

[illegible]

Unique ID (located on the notice mailed to you)

[illegible]

Documented Out-of-Pocket Expenses

You can receive reimbursement for up to \$10,000.00 for documented unreimbursed out-of-pocket expenses fairly traceable to the Data Incident. You must attach documents to your Claim Form that show what happened and how much you lost or spent so that you can be repaid. This may include receipts or other documentation. “Self-prepared” documentation such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.



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Expense Types and Examples of Documents	Approximate Amount of Expense and Date	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident)
Unreimbursed Bank Fees <i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft, and late fees</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	<hr/> <hr/> <hr/> <hr/> <hr/>
Unpaid Time Off Work <i>Examples: Work Notes, Time Stamps</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	<hr/> <hr/> <hr/> <hr/> <hr/>
Unreimbursed Credit Card Fees <i>Examples: Credit card statement</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	<hr/> <hr/> <hr/> <hr/> <hr/>
Unreimbursed Credit Monitoring <i>Examples: Costs of credit report(s), credit monitoring, and/or other identity theft insurance products purchased</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	<hr/> <hr/> <hr/> <hr/> <hr/>
Other Losses or Costs Resulting from Identity Theft or Fraud <i>Examples: Cost of postage, gas for local travel, or interest on payday loans due to card cancellation</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	<hr/> <hr/> <hr/> <hr/> <hr/>

Questions? Visit www.MNGIsettlement.com or call 1-888-876-3767



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Medical Monitoring

All Settlement Class Members are eligible to claim twenty-four (24) months of Medical Shield Pro, by CyEx.

Do you want to claim twenty-four (24) months of free Medical Monitoring?

☐ Yes, I want to receive free Medical Monitoring.

If you select “YES” for Medical Monitoring, you will need to follow instructions and use an activation code that you will receive after the Settlement is final. Medical Monitoring will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address.

Alternative Cash Payment

Without providing documentation, you may submit a Claim Form to receive a pro rata (a legal term meaning equal share) payment from the Net Settlement Fund after all costs associated with the Settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.

☐ I would like to claim a pro rata Alternative Cash Payment.

How You Will Receive Your Cash Payment

Approved claims for a cash payment submitted in this Claim Form will be paid by check. If you would like to receive your payment by a digital payment option (e.g., Venmo, Zelle, ACH direct deposit, or prepaid debit card using instructions emailed to you), you must file a claim online at www.MNGIsettlement.com.

I affirm under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge, and any documents I submitted in support of my claim are true and correct copies of original documentation.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature

Date: - -
MM DD YYYY

Print Name

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