

**Your claim must be
submitted online or
postmarked by:
December 4, 2025.**

Berry v. Refresco Beverages US Inc.
Case No. 8:23-cv-2763-SPF
United States District Court, Middle District of Florida
(Tampa Division)

CLAIM FORM FOR REFRESCO DATA BREACH BENEFITS

**BAS
CLAIM**

COMPLETE, SIGN, AND RETURN THIS CLAIM FORM BY MAIL POSTMARKED NO LATER THAN DECEMBER 4, 2025, TO P.O. BOX 25226, SANTA ANA, CA 92799, OR FILE A CLAIM FORM ONLINE AT WWW.REFRESCODATABREACH.COM NO LATER THAN DECEMBER 4, 2025.

*You **must** use this form to make a claim for Out-of-Pocket Expenses, Documented Extraordinary Losses, or Attested Time Spent.*

Questions? Call 1-(844) 496-0920 or visit:
www.RefrescoDataBreach.com.

SETTLEMENT OVERVIEW

Compensation for Out-of-Pocket Expenses: Class Members may elect to recover Out-of-Pocket Expenses up to \$500 (Five Hundred Dollars) upon submission of a claim and supporting documentation, such as, but not limited to, the following: (a) the Out-of-Pocket expenses incurred as a result of the Data Security Incident, including unreimbursed bank fees (such as card replacement and over-limit fees), interest on short-term loans, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel; or (b) the Out-of-Pocket Expenses incurred for credit reports, credit freezes, credit monitoring, or other identity theft insurance product purchased after the Data Security Incident.

Compensation for Documented Extraordinary Losses: Class Members may submit a claim for a Settlement Payment of up to \$5,000 (Five Thousand Dollars) for reimbursement in the form of a Documented Extraordinary Loss Payment that is beyond the Out-of-Pocket Expenses claimed above. Upon submission of a valid Claim Form and supporting documentation, provided that: (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Incident; (iii) the loss occurred between March 2023 and the Claims Deadline; (iv) the loss is not already covered by one or more of the normal reimbursement categories; and (v) the claimant made reasonable efforts to avoid the loss or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance. Extraordinary Losses may include, without limitation, the unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of Private Information. To receive reimbursement for any Documented Extraordinary Loss, Settlement Class Members must submit supporting documentation of the loss and a description of how the loss is fairly traceable to the Incident.

Compensation for Attested Time Spent: Settlement Class Members may submit a claim to receive reimbursement for up to five (5) hours of time spent remediating issues related to the Incident at a rate of \$20 per hour with an attestation that they spent the claimed time responding to issues raised by the Incident, including but not limited to, (i) changing passwords on potentially impacted accounts; (ii) monitoring for or investigating suspicious activity on potentially impacted medical, financial, or other accounts; (iii) contacting a medical provider or financial institution to discuss suspicious activity; (iv) signing up for identity theft or fraud monitoring; or (v) researching information about the Incident, its impact, or how to protect themselves from harm due to the Incident. No additional documentation shall be required for members of the Settlement Class to receive compensation for attested time spent.

Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

<input type="text"/>	<input type="text"/>	
First Name	Last Name	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Telephone Number	Notice ID Number*

**Failure to add your Notice ID Number will result in denial of your claim. If you received a notice of this Settlement by U.S. mail, your Notice ID Number is on the address panel of the postcard. If you misplaced your notice, please contact the Claims Administrator toll-free at 1-(844) 496-0920 or by emailing info@RefrescoDataBreach.com.*

II. COMPENSATION FOR DOCUMENTED OUT-OF-POCKET EXPENSES

Complete the chart below if you are claiming reimbursement for a documented Out-of-Pocket Expense. You are eligible for reimbursement of up to \$500 for Out-of-Pocket Expenses.

Description of Expense	Date of Expense	Amount of Expense	Description of Supporting Documents (Identify what you are attaching and why it is related to the Incident. You cannot submit self-prepared documentation.)

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III. COMPENSATION FOR ATTESTED TIME SPENT

Do you attest that you spent time remedying issues related to the Incident?

☐ Yes, I attest under the penalty of perjury that I spent time remedying issues relating to the incident

If Yes, how many hours did you spend responding to the incident? You are eligible for reimbursement for up to five hours at \$20 per hour without supporting documentation.

Check one: ☐ 1 hour (\$20.00) ☐ 2 hours (\$40.00) ☐ 3 hours (\$60.00) ☐ 4 hours (\$80.00) ☐ 5 hours (\$100.00)

IV. REIMBURSEMENT FOR A DOCUMENTED EXTRAORDINARY LOSS

Complete the chart below if you are claiming reimbursement for a Documented Extraordinary Loss. You are eligible for up to \$5,000 in reimbursement for a Documented Extraordinary Loss.

Description of Loss	Date of Loss	Amount of Loss	Description of Supporting Documents (Identify what you are attaching and why it is related to the Incident. You cannot submit self-prepared documentation.)

V. CERTIFICATION AND SIGNATURE

By submitting this Claim Form, I certify that I am a Settlement Class Member and 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 do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred as a result of the Incident.

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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, depending on the type of claim and the determinations of the Settlement Administrator.

Signature

Printed Name

Date

Mail your completed Claim Form to:
Refresco Data Breach Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799