

**Your claim must
be submitted
online or
postmarked by:
August 19, 2025**

Stephanie Fisher, et al. v. Byte Federal, Inc.
Case No. CACE25002678
17th Judicial Circuit of Broward County, Florida
DATA INCIDENT SETTLEMENT CLAIM FORM

**Byte Data Incident Settlement
c/o Settlement Administrator
PO Box 26170
Santa Ana, CA 95799**

GENERAL INSTRUCTIONS

Who is eligible to file a claim? All Class Members may file a claim. The court has defined the Class this way: “all living individuals residing in the United States whose Private Information was impacted by the Data Incident.”

Excluded from the Settlement Class are: (a) all persons who are employees, directors, officers, and agents of Defendant, or its respective subsidiaries and affiliated companies; (b) governmental entities; and (c) the Judge(s) assigned to the Action and their immediate family, and Court staff.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR BOTH OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

Byte Federal, Inc. (“Byte”), will pay for three benefits. You are not limited to one benefit. You may file a claim for each benefit for which you qualify.

BENEFITS

Credit Monitoring Services. All Class Members are eligible to receive 2 years of Credit Monitoring Services from a credit bureau. This benefit is valued at approximately \$90.00 per year, and includes the following features:

- (1) real time monitoring of the credit file at one bureau;
- (2) dark web scanning with immediate notification of potential unauthorized use;
- (3) comprehensive public record monitoring;
- (4) identity theft insurance (no deductible) up to \$1,000,000.00; and
- (5) access to fraud resolution agents to help investigate and resolve instances of identity theft.

Cash Payment A – Attested Time Spent. Class Members who spent time responding to the Data Incident may claim up to 4 hours, at \$20.00 per hour. You must have spent the time on tasks related to the Data Incident. Some examples include things like changing your passwords, investigating suspicious activity in your accounts, contacting banks or businesses about suspicious activity, and researching the Data Incident.

You must provide a brief description and attest that you spent the time claimed on tasks related to the Data Incident.

Cash Payment B – Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you may file a claim for reimbursement. The maximum amount of this reimbursement is \$3,000.00.

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This benefit covers out-of-pocket expenses like:

- (1) unreimbursed losses relating to fraud or identity theft;
- (2) professional fees including attorneys' fees, accountants' fees, and fees for credit repair services;
- (3) costs associated with freezing or unfreezing credit with any credit reporting agency;
- (4) credit monitoring costs that were incurred on or after mailing of the notice of the cybersecurity incident, through the date of claim submission;
- (5) and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges;

You must submit documentation, such as receipts, to verify the costs you incurred. You may submit "self-prepared" documents to clarify or support other submitted documentation, but self-prepared documents by themselves are not sufficient to file a valid claim.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@ByteDataIncident.com
- Call toll free, 24/7: 1-833-296-0996
- By mail: Byte Data Incident Settlement, c/o Settlement Administrator, PO Box 26170, Santa Ana, CA 92799.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
www.ByteDataIncident.com**

You may also print out and complete this Claim Form, and submit it by U.S. mail to:

Byte Data Incident Settlement
c/o Settlement Administrator
PO Box 26170
Santa Ana, CA 95799.

An electronic image of the completed Claim Form can also be submitted by email to info@ByteDataIncident.com

The deadline to submit a Claim Form online is **August 19, 2025**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **August 19, 2025**.

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I. 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. All fields are required.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID (if known)

II. CREDIT MONITORING SERVICES (AVAILABLE TO ALL CLASS MEMBERS)

- ☐ Check this box if you would like to receive 2 years of credit monitoring by a credit bureau. You must provide an email address above in order to claim this benefit.

III. CASH PAYMENT A – ATTESTED TIME SPENT

- ☐ Check this box if you would like to claim time spent responding to the Data Incident.

How many hours are you claiming: ☐ 1 hour (\$20) ☐ 2 hours (\$40) ☐ 3 hours (\$60) ☐ 4 hours (\$80)

Briefly describe how you spent this time: _____

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IV. CASH PAYMENT B – DOCUMENTED LOSSES

- ☐ Check this box if you are claiming reimbursement for **documented** out-of-pocket losses that were incurred as a result of the Data Incident. **You must submit supporting documentation.** You may submit “self-prepared” documents to add clarify or support other submitted documentation, but self-prepared documents by themselves are **not sufficient** to file a valid claim.

The maximum amount for this reimbursement is \$3,000.00 per Class Member.

Please complete this table, describing the supporting documentation you are submitting.

| Description of Documentation Provided | Amount |
|---------------------------------------|--------|
| Example: Overdraft fees | \$40 |
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| TOTAL OUT-OF-POCKET LOSSES: | |

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

V. SETTLEMENT PAYMENT

Your payment check will be mailed to you at the address you provided above.

If you would rather be paid by PayPal, Venmo, Zelle, or a pre-paid card, submit your claim online at:

www.ByteDataIncident.com

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VI. ATTESTATION & SIGNATURE

I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked by the Settlement Administrator to provide supplemental information before my claim is considered complete and valid.

Signature

Printed Name

Date