

**Your claim must
be submitted
online or
postmarked by:
December 22,
2025**

In re Communication Federal Credit Union Data Breach Litigation
Case No. CJ-2024-5388
District Court for Oklahoma County, Oklahoma

DATA INCIDENT SETTLEMENT CLAIM FORM

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December 22,
2025**

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: “All residents of the United States whose Personal Information was potentially exposed in the Data Incident, including all individuals who were sent a breach notification letter.”

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge’s family and staff, (2) CFCU and its officers and directors; (3) anyone who validly excludes themselves from the Settlement; and (4) anyone who perpetrated the Data Incident.

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

AVAILABLE BENEFITS

CFCU will establish a Settlement Fund of \$2,900,000.00. The Settlement Fund will first be used to pay court-approved attorneys’ fees and costs, Service Award payments for the Plaintiffs, and the costs of administering the Settlement. All of the remaining money will be used to pay for the benefits described below.

You may enroll in **Identity Theft Protection and Credit Monitoring** services **AND** select one of two **cash payment** options. The options are explained below.

BENEFITS

Identity Theft Protection and Credit Monitoring Services

All Class Members can enroll in three (3) years of Identity Theft Protection and Credit Monitoring services from a credit bureau. This benefit includes \$1 million of identity protection insurance.

Cash Payment Options

All Class Members can **also** claim **ONE** of the following payment options:

Option 1: Out-of-Pocket Losses. If the Data Security Incident caused you actual, documented out-of-pocket losses, you can get back up to **\$7,500.00**. The losses must have occurred between December 31, 2022, and December 22, 2025.

This benefit covers out-of-pocket expenses like:

- fees for credit reports, credit monitoring, or freezing and unfreezing your credit

Questions? Call (844) 496-1149 Toll-Free or Visit www.CFCUDataIncidentSettlement.com

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- cost to replace your IDs
- postage to contact banks by mail
- losses from identity theft or fraud

You need to send proof, like receipts or bank statements, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim.

Full details are provided in Paragraph 4.1.2 of the Settlement Agreement, which is available at www.CFCUDataIncidentSettlement.com.

Option 2: Pro Rata Cash Payment. Instead of submitting a claim for Out-of-Pocket Losses, you can claim a share of the Settlement Fund. This payment is expected to be about **\$125.00**, but may be smaller or larger. The actual amount will depend on the number of claims filed.

Full details are provided in Paragraph 4.1.3 of the Settlement Agreement, which is available at www.CFCUDataIncidentSettlement.com.

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

- Email: info@CFCUDataIncidentSettlement.com
- Call toll free, 24/7: (844) 496-1149
- By mail: CFCU Data Incident Settlement, c/o Settlement Administrator, P.O. Box 25226, Santa Ana, CA 92799.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
WWW.CFCUDATAINCIDENTSETTLEMENT.COM**

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

CFCU Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

An electronic image of the completed Claim Form can also be emailed to info@CFCUDataIncidentSettlement.com

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print 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. **Please print legibly.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Unique ID (if known)

II. IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES

- ☐ Check this box if you would like to enroll in three (3) years of Identity Theft Protection and Credit Monitoring Services from a credit bureau. This benefit includes \$1 million of identity theft protection insurance.

III. OUT-OF-POCKET LOSSES

- ☐ Check this box if you would like to claim reimbursement for documented out-of-pocket expenses. You can get back up to \$7,500.00.

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

Description of Documentation Provided	Amount
Example: Fee for credit report	\$40
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.

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IV. PRO RATA CASH PAYMENT

☐ Check this box if you want to claim a share of the Settlement Fund, as explained above.

DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING A PAYMENT FOR OUT-OF-POCKET LOSSES.

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

- ☐ **PayPal**
Email address, if different than you provided in Section 1: _____
- ☐ **Venmo**
Mobile number, if different than you provided in Section 1: _____
- ☐ **Zelle**
Email address or mobile number, if different than you provided in Section 1: _____
- ☐ **Virtual Prepaid Card**
Email address, if different than you provided in Section 1: _____
- ☐ **Physical Check**
Payment will be mailed to the address provided in Section 1.

VI. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury 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 to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date