Kuhn, et al. v. Nations Direct Mortgage, LLC

Case No. 24CA115
Circuit Court for Walton County, Florida

DATA BREACH INCIDENT SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: January 7, 2026

GENERAL INSTRUCTIONS

You are part of the Class if:

- (1) you live in the United States; and
- (2) NDM notified you that your private information was affected by the Data Breach Incident.

California residents are also part of the California Subclass and can claim an additional benefit.

Affected NDM employees who have an arbitration agreement with NDM are included in the Class. NDM will not enforce those parts of the arbitration agreement that are covered by the Settlement Agreement.

This is a plain language version of how the Court defined the Class. The original version is available in Paragraph 53 of the Settlement Agreement, available at www.NDMSettlement.com.

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge's family and staff; (2) NDM and its employees, officers, and directors; (3) anyone who validly excludes themselves from the Settlement; (4) anyone who perpetrated the Data Breach Incident; and (5) government entities.

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

AVAILABLE BENEFITS

NDM has agreed to pay for a number of different benefits. If you elected to take advantage of the Credit Monitoring Services offered by NDM, you may claim two additional years of **Credit Monitoring Services**. All Class Members can claim one or more **Cash Payments** that apply to them.

Credit Monitoring Services. If you elected to take advantage of the Credit Monitoring Services offered by NDM, you may claim two additional years of Credit Monitoring Services through Kroll. This benefit comes with \$1 million in identity theft insurance, and includes:

- real time monitoring of your credit file
- dark web scanning
- public records monitoring

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

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Documented Losses. If you incurred actual, <u>documented</u> out-of-pocket losses due to the Data Breach Incident, you can get back up to **\$2,750.00**. The losses must have occurred between December 30, 2023, and **January 7, 2026**.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- bank or credit card fees and charges
- postage to contact banks by mail

Fees for credit reports and credit monitoring are also covered if they were purchased after March 6, 2024.

You need to send proof, like bank statements or receipts, 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 <u>are not enough</u> to make a valid claim.

Cash Payment for Lost Time. Class Members who spent time responding to the Data Breach Incident may claim up to two hours, at \$25.00 per hour, for a maximum of **\$50.00**.

You must have spent the time on tasks related to the Data Breach Incident. Some examples include things like:

- changing your passwords
- investigating suspicious activity in your accounts
- researching the Data Breach Incident

Statutory Payment. Members of the California Subclass can also claim a one-time cash payment of \$75.00.

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

- Email: info@NDMSettlement.com
- Call toll free, 24/7: 1(833) 417-4946
- By mail: NDM Data Breach Incident Settlement, c/o Settlement Administrator, P.O. Box 25226, Santa Ana, CA 92799-9958.

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

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

NDM Data Breach Incident Settlement c/o Settlement Administrator

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P.O. Box 25226 Santa Ana, CA 92799-9958

An electronic image of the completed Claim Form can also be emailed to info@NDMSettlement.com. You must submit online, mail, or email your Claim Form by **January 7, 2026.**

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I. CLASS MEMBER NAME AND CONTACT INFO	RMATION	
Print your name and contact information below. information changes after you submit this claim		
First Name	Last Name	
Street Address		
City	State	Zip Code
Email Address	Phone Number	Notice ID (if known)
II. CREDIT MONITORING SERVICES		
☐ Check this box if you previously enrolled in 0 two years of Credit Monitoring Services with	=	uld like to enroll in an additiona
III. DOCUMENTED LOSSES		
Check this box if you would like to claim re Incident. You can get back up to \$2,750.00.	eimbursement for <u>documented</u> los	sses related to the Data Breach
Please complete the table below, desc		-
Description of Documentation Provided		Amount
Example: Unauthorized bank transfer		\$500

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		TOTAL CLAIMED:
If you have more expenses than rows, y your name and sign the bottom of each	·	of paper to account for them. Please p
IV. CASH PAYMENT FOR LOST TIME		
If you spent time fixing problems caus spent.	ed by Data Breach Incident, pleas	se select how many hours (up to two
I spent (select only <u>one</u>):	☐ 1 hour (\$25.00)	☐ 2 hours (\$50.00)
V. CALIFORNIA SUBCLASS STATUTO	RY PAYMENT – <u>CALIFORNIA</u> <u>RESI</u>	DENT ONLY
☐ Check this box if you would like to	claim a one-time \$75.00 statutor	y payment.
Do not claim this benefit if you are no	t a California resident.	
VI. PAYMENT SELECTION		
Please select <u>one</u> of the following payr	nent 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	u provided in Section 1:	
☐ Zelle Email address or mobile number, if	f different than you provided in Sec	ction 1:
☐ Virtual Prepaid Card Email address, if different than you	provided in Section 1:	
☐ Physical Check Payment will be mailed to the address	ess provided in Section 1.	

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VII. ATTESTATION & SIGNATURE				
I swear and affirm on penalty of perjury that the information provided in this Claim Form, and any supporting documentation, 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		