

**Your claim must be
submitted online or
postmarked by:
December 24, 2025.**

CLAIM FORM

Justin Lee v. South Western Communications, Inc.,
Case No. 3:24-cv-00157-RLY-CSW
United States District Court Southern District of Indiana

AGI-C

GENERAL INSTRUCTIONS

If you received a notice, you may be eligible to receive a payment from a proposed \$436,670.00 class action settlement. To be eligible to make a claim, your information must have been impacted in the criminal ransomware attack against South Western Communications, Inc. ("South Western") that occurred on or about December 21, 2023 (the "Data Breach"). You may submit a claim for settlement benefits, outlined below. Please refer to the long notice posted on the settlement website www.SouthWesternDataBreach.com, for more information on submitting a Claim Form.

If you wish to receive credit monitoring services, reimbursement for out-of-pocket losses or attested time spent dealing with the Data Breach, you must submit the Claim Form below by December 24, 2025.

This Claim Form may be submitted electronically *via* the settlement website at www.SouthWesternDataBreach.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

South Western Communications Data Breach Action
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799

You may submit a claim for the following benefits:

- 1) **Credit Monitoring Services:** In addition to the benefits below, settlement class members are eligible to receive 3 years of credit monitoring and identity theft protection services (including \$1,000,000 in identity theft insurance) at no cost to you. You must submit a Claim Form to receive this benefit.
- 2) **Reimbursement for Out-of-Pocket, Unreimbursed Expenses:** All Settlement Class Members may submit a claim for up to five thousand U.S. dollars and zero cents (\$5,000.00) for reimbursement of "extraordinary" Out-of-Pocket Losses for documented identity theft and verified fraud resulting from the Data Breach and up to five-hundred U.S. dollars and zero cents (\$500.00) for documented "ordinary" Out-of-Pocket Losses for efforts mitigating against identity theft resulting from the Data Breach. Settlement class members submitting claims for out-of-pocket losses must submit documentation supporting their claims by an attestation under penalty of perjury, which is part of this Claim Form.
- 3) **Reimbursement for Attested Time:** Settlement class members may make a claim for self-certified time spent related to the effects or potential effects of the Data Breach. Each settlement class member may seek reimbursement for up to 5 hours (at \$25 per hour) of time spent in response to the Data Breach by simply attesting to the fact that they expended such time and describing how the time was spent.

In addition to the above, all settlement class members are eligible for a *pro rata* cash payment (**YOU DO NOT NEED TO SUBMIT A CLAIM FORM TO BE ELIGIBLE FOR THE *PRO RATA* CASH PAYMENT**).

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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.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (optional): _____@_____

Telephone Number: (_____) _____ - _____

II. PROOF OF DATA BREACH SETTLEMENT CLASS MEMBERSHIP

☐ Check this box to certify that you are an individual who may have been involved in the Data Breach and you were notified that your personal information may have been impacted as a result of the Data Breach.

Enter the Notice ID number provided on your notice:

Notice ID : _____

III. CREDIT MONITORING SERVICES

☐ **3 years of Identity Theft Protection Services**

Check the box above if you wish to receive 3 years of Credit Monitoring Services (including \$1,000,000 in identity theft insurance) at no cost to you. If your claim is approved you will receive an activation for the service by mail or email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for Out-of-Pocket Losses and Attested Time.

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IV. COMPENSATION FOR ATTESTED TIME

Attested Time. Are you claiming a cash payment for up to \$125 for Attested Time spent dealing with the Data Breach (\$25 per hour, up to 5 hours)? If yes, fill out section below.

☐ I affirm that I spent time dealing with the effects or perceived effects of the Data Breach, providing a brief description of: (1) the actions taken in response to the Data Breach and (2) the time associated with each action on which my time was spent, and stating the amount of time (up to 5 hours) that I spent dealing with the effects of the Data Breach.

Time spent (select only **one**): ☐ 1 hour (\$25.00) ☐ 2 hours (\$50.00) ☐ 3 hours (\$75.00)
 ☐ 4 hours (\$100.00) ☐ 5 hours (\$125.00)

Description: _____

V. COMPENSATION FOR OUT-OF-POCKET LOSSES

All settlement class members are eligible to recover compensation for out-of-pocket losses and attested time, combined, incurred as a result of the Data Breach, including:

- i. Ordinary Out-of-Pocket Losses.* Defendant will pay up to five-hundred U.S. dollars and zero cents (\$500.00) for documented “ordinary” Out-of-Pocket Losses for efforts mitigating against identity theft resulting from the Data Breach. Ordinary Out-of-Pocket Losses (i) professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred between the date of the Data Breach and the seven (7) days after the Notice Deadline; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges that were incurred between the date of the Data Breach and seven (7) days after the Notice Deadline.
- ii. Extraordinary Out-of-Pocket Losses.* Defendant will pay up to five thousand U.S. dollars and zero cents (\$5,000.00) for reimbursement of “extraordinary” Out-of-Pocket Losses. Extraordinary Out-of-Pocket Losses include proven monetary losses that meet the following conditions: (i) the loss is an actual, documented and unreimbursed monetary loss caused by (A) misuse of the class member’s personal information or (B) fraud or identity theft associated with the settlement class member’s personal information; (ii) the loss was more likely than not caused by the Data Breach; (iii) the loss occurred between the date of the Data Breach and seven (7) days after the Notice Deadline; and (vi) the loss is not already covered by the Attested Time and Ordinary Out-of-Pocket Losses categories and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all of the Settlement Class Member’s credit monitoring insurance and identity theft insurance.

You must submit documentation to obtain this reimbursement.

☐ I have attached documentation showing that the claimed losses were more likely than not caused by the Data Breach. I have submitted reasonable documentation that the Out-of-Pocket Losses and charges claimed were both actually incurred and plausibly arose from the Data Breach. Failure to provide supporting documentation of the out-of-pocket losses referenced above, as requested on the Claim Form, shall result in denial of a claim. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support other submitted documentation.

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<i>Cost Type</i> (Fill all that apply)	<i>Approximate Date of Out-of-Pocket Loss</i>	<i>Amount of Out-of- Pocket Loss</i>	<i>Description of Supporting Reasonable Documentation</i> (Identify what you are attaching and why)
<i>Example: Identity Theft Protection Service</i>	<i>07/17/20 (mm/dd/yy)</i>	<i>\$50.00</i>	<i>Copy of identity theft protection service bill.</i>
	<i>___/___/___ (mm/dd/yy)</i>	<i>\$ _____</i>	
	<i>___/___/___ (mm/dd/yy)</i>	<i>\$ _____</i>	
	<i>___/___/___ (mm/dd/yy)</i>	<i>\$ _____</i>	
	<i>___/___/___ (mm/dd/yy)</i>	<i>\$ _____</i>	
	<i>___/___/___ (mm/dd/yy)</i>	<i>\$ _____</i>	

VI. ATTESTATION & SIGNATURE

I swear and affirm under the laws the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature: _____ Printed Name: _____ Date: ___ / ___ / _____