Misso v. The Cannon Corporation

Case No. 6:24-cv-06525
United States District Court for the Western District of New York
Rochester Division

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: November 25, 2025

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 individuals residing in the United States whose PII was compromised in the Data Incident that occurred in January 2023, including all those individuals who received notice of the Data Incident." The term "PII" stands for Personally Identifiable Information.

Excluded from the Settlement Class are: (1) the Judge in this case, and the Judge's family and staff; (2) Cannon and related companies and corporate directors; and (3) anyone who timely removes themselves from the Settlement.

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

AVAILABLE BENEFITS

Cannon has agreed to establish a \$537,500.00 Settlement Fund. Part of the Settlement Fund will be used to pay for expenses like attorneys' fees and costs, the Service Award to the Plaintiff, and the costs of administering the Settlement. All the rest of the Settlement Fund will be used to pay benefits that Class Members can claim. You are not limited to one benefit, and can claim one or all of them.

BENEFITS

Compensation for Unreimbursed Economic Losses. If the Data Incident caused you real, <u>documented</u> losses, you may file a claim for reimbursement. You can get back up to \$10,000.00.

This benefit covers out-of-pocket expenses like:

- (1) unreimbursed losses relating to fraud or identity theft
- (2) professional fees, including attorneys' and accountants' fees
- (3) fees for credit repair services
- (4) costs associated with freezing or unfreezing credit with any credit reporting agency
- (5) credit monitoring costs that were incurred on or after January 19, 2023, through the date you submit your claim
- (6) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges

You must send proof, like receipts, to establish a valid claim. You can add your own notes to explain other papers, but those notes alone are <u>not</u> enough to make a valid claim.

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Pro Rata Cash Payment. All Class Members may submit a claim for a *pro rata* cash payment. After all expenses and other claims have been paid out, the money remaining in the Settlement Fund will be equally divided among everyone who claimed a *pro rata* cash payment. Class Counsel expects that these payments will be approximately \$40.00 per valid claim.

Credit Monitoring Services. All Class Members are eligible to receive two years of Credit Monitoring Services from three credit bureaus.

You are not limited to one benefit, and can claim one or all of them.

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

- Email: info@CannonSettlement.com
- Call toll free, 24/7: 1 (844) 496-0628
- By mail: Cannon 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.CannonSettlement.com

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

Cannon 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 submitted by email to info@CannonSettlement.com.

The deadline to submit a Claim Form online is **November 25, 2025.** If you are mailing your Claim Form, it must be mailed with a postmark date no later than **November 25, 2025.**

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| I. CLASS MEMBER NAME AND CONTACT INFORMATION | | | | | |
|---|----------------------------|------------------------------|--|--|--|
| Provide your name and contact information below. You information changes after you submit this claim form. | - | dministrator if your contact | | | |
| First Name | Last Name | | | | |
| Street Address | | | | | |
| City | State | Zip Code | | | |
| Email Address | Phone Number | Notice ID (if known) | | | |
| II. COMPENSATION FOR UNREIMBURSED ECONOM | IIC LOSSES | | | | |
| Check this box if you would like to claim reimburs You can claim up to \$10,000.00 for documented a Please complete the table below, describing | and unreimbursed expenses. | | | | |

| Description of Documentation Provided | Amount |
|--|--------|
| Example: Bank statement for overdraft fees | \$40 |
| | |
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online or November 25, **DATA INCIDENT SETTLEMENT CLAIM FORM** 2025

Your claim must be submitted postmarked by:

| | TOTAL OUT-OF-POCKET LOSSES: | | |
|-----|--|--|--|
| - | ou have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your me and sign the bottom of each additional sheet of paper. | | |
| Ш | . PRO RATA CASH PAYMENT | | |
| | Check this box if you want to claim a <i>pro rata</i> cash payment. | | |
| | After all expenses and other claims have been paid out, the money remaining in the Settlement Fund will be equally divided among everyone who claimed a pro rata cash payment. Class Counsel expects that these payments will be over \$40.00 per valid claim. | | |
| IV | . CREDIT MONITORING SERVICES | | |
| | Check this box if you want to claim two years of Credit Monitoring Services from three credit bureaus. | | |
| | An activation code will be sent to the email address you provided above. | | |
| V. | PAYMENT SELECTION | | |
| Ple | ase 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. | | |

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| VI. ATTESTATION & SIGNATURE | | |
|--|--|------------------------------------|
| and correct to the best of my knowledge. | ovided in this Claim Form, and any supportin I understand that my claim is subject to verifi Settlement Administrator before my claim is | ication and that I may be asked to |
| Signature | Printed Name | Date |