Your claim must be submitted online or postmarked by: December 1, 2025

Pearson v. Transak USA, LLC
Case No. CACE-25-010305
Circuit Court for Broward County, Florida

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: December 1, 2025

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Settlement Class as: "All living individuals in the United States whose Private Information was implicated in the Data Incident."

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

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

AVAILABLE BENEFITS

Transak has agreed to pay for **one** of the following two **Cash Payment** options:

Cash Payment A – Documented Losses ***OR*** **Cash Payment B – Alternate Cash Payment**

These payments are explained below.

Cash Payment A – Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can bet back up to **1,500.00**. The losses must have occurred between September 23, 2024, and December 1, 2025.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

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 are not enough to make a valid claim.

Cash Payment B - Alternate Cash Payment. Instead of Cash Payment A, you may claim a one-time **$50.00** cash payment. You do not have to provide any proof or explanation to claim this payment.

In the event the total of all Cash Payments exceeds $601,000, Cash Payment will be reduced *pro rata* for all Settlement Class Members.

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

- Email: info@TransakUSASettlement.com
- Call toll free, 24/7: 1-844-496-1190
- By mail: Transak Data Incident Settlement, c/o Settlement Administrator, P.O. Box 25226, Santa Ana, CA 92799-9958.

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT www.TransakUSASettlement.com

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

Transak Data Incident Settlement
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA 92799-9958

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

You must submit online, mail, or email your Claim Form by **December 1, 2025.**

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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 | Notice ID (if known)

II. CASH PAYMENT A – DOCUMENTED LOSSES

☐ Check this box if you would like to claim reimbursement for documented losses due to identity theft or fraud. You can get back up to $1,500.00.

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

Description of Documentation Provided	***Amount***
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

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.

If you are claiming this payment option, skip Section III, and go directly to Section IV to select how you would like to receive your payment.

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III. ALTERNATE CASH PAYMENT

☐ Check this box if you want to claim a one-time $50.00 cash payment.

Do not claim this option if you have claimed a payment in Section II above.

IV. 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.

V. 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