Your claim must be submitted online or postmarked by: December 31, 2025

Anderson v. Self Esteem Brands, LLC d/b/a Purpose Brands
Case No. 82-CV-25-643
District Court for Washington County, Minnesota

SECURITY INCIDENT SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: December 31, 2025

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: "All living individuals residing in the United States whose Personal Information may have been compromised in the Security Incident discovered by Self Esteem Brands in June 2024, including all those who were notified of the Security Incident."

Excluded from the Settlement Class are: (i) Defendant, its insurers, agents, affiliates, parents, subsidiaries, officers and directors; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and immediate family; and (iv) any other person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Security Incident or who pleads nolo contendere to any such charge.

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

AVAILABLE BENEFITS

Self Esteem Brands has agreed to pay for a number of different benefits. All Class Members can enroll in two years of **Credit Monitoring Services** from a credit agency. In addition to Credit Monitoring Services, Class Members may choose between **two cash payment options**:

OPTION 1: Select one or more of the following benefits:

- Documented Ordinary Losses (Out-of-Pocket Expenses)
- Documented Extraordinary Losses (Losses for Identity Theft or Fraud)
- Compensation for Lost Time

OR

OPTION 2: Alternative Cash Payment.

- Receive a one-time $25.00 cash payment

More information about each of these benefits is below. Full details are in Paragraphs 41 and 42 of the Settlement Agreement, available at www.SelfEsteemSettlement.com.

CREDIT MONITORING SERVICES. All Class Members are eligible to enroll in two years of Credit Monitoring Services from a credit agency. This benefit includes $1 million of identity theft protection insurance.

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CASH PAYMENT OPTION 1

Documented Ordinary Losses (Out-of-Pocket Expenses). If you incurred actual, documented out-of-pocket expenses due to the Security Incident, you can get back up to **$2,000.00**. The losses must have occurred between December 19, 2023, and December 31, 2025.

This benefit covers out-of-pocket expenses like:

- 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 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.

Documented Extraordinary Losses (Losses for Identity Theft or Fraud). If you lost money because of identity theft or fraud, you can get back up to **$5,000.00**.

You will need to show that:

- the theft or fraud was more likely than not caused by the Security Incident
- the losses are not already covered by **Ordinary Losses**
- you tried to prevent the loss or get your money back, such as by using insurance you already have

The losses must have occurred between December 19, 2023, and December 31, 2025.

You need to send proof, like bank statements, to show how much you spent or lost or did not get reimbursed. 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.

Compensation for Lost Time. Class Members who spent time responding to the Security Incident may claim up to four hours, at $20.00 per hour, for a maximum of **$80.00**. This benefit counts toward the $2,000.00 cap for **Ordinary Losses**.

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

- changing your passwords
- investigating suspicious activity in your accounts
- researching the Security Incident.

You must provide a brief description and attest that you spent the time claimed on tasks related to the Security Incident.

CASH PAYMENT OPTION 2

Alternative Cash Payment. Instead of the benefits in Option 1, you may claim a one-time **$25.00** cash payment. You do not have to provide any proof or explanation to claim this payment.

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

- Email: info@SelfEsteemSettlement.com
- Call toll free, 24/7: (844) 496-1286
- By mail: Self Esteem Brands 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.SELFESTEEMSETTLEMENT.COM

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

Self Esteem Brands 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@SelfEsteemSettlement.com.

You must submit online, mail, or email your Claim Form by **December 31, 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 | Unique ID (if known)

II. CREDIT MONITORING SERVICES

☐ Check this box if you would like to enroll in two years of Credit Monitoring Services from a credit bureau. This benefit includes $1 million of identity theft protection insurance.

III. ORDINARY LOSSES (OUT-OF-POCKET EXPENSES)

☐ Check this box if you would like to claim reimbursement for documented Ordinary Losses. You can get back up to $2,000.00.

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

Description of Documentation Provided	***Amount***
Example: Fee for credit report	*$40*
TOTAL ORDINARY 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.

IV. EXTRAORDINARY LOSSES (LOSSES FOR IDENTITY THEFT OR FRAUD)

☐ Check this box if you would like to claim reimbursement for documented unreimbursed identity theft losses. You can get back up to $5,000.00.

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

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

V. COMPENSATION FOR LOST TIME

If you spent time responding to or related to the Security Incident, please select how many hours (up to 4) you spent and briefly describe what you did.

I spent (select only **one**): ☐ 1 hour ($20.00) ☐ 2 hours ($40.00) ☐ 3 hours ($60.00) ☐ 4 hours ($80.00)

Describe what you spent this time on:_____

_____

_____

_____

_____

_____

If you claim Documented Ordinary Losses (Section III, above), the combined total is capped at $2,000.00

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VI. ALTERNATIVE CASH PAYMENT

☐ Check this box if you want to claim a one-time $25.00 cash payment.

DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS FROM SECTION III, IV, OR V.

VII. 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:_____

☐ **Physical Check**
Payment will be mailed to the address provided in Section 1.

VII. 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