

**Your claim must be  
submitted online  
or  
postmarked by:  
January 22, 2026**

***Wendelken v. Hafetz & Associates LLC***  
Case No. 1:24-cv-07755  
US District Court, District of New Jersey

**SETTLEMENT CLAIM FORM**

**Hafetz and  
Associates LLC  
Data Incident  
PO Box 25191  
Santa Ana, CA  
92799**

**GENERAL INSTRUCTIONS**

If you previously received a notice letter notifying you of the data incident Hafetz discovered in October 2023, you are a Settlement Class Member. The event that may have affected your data is referred to here as the “Data Incident.”

The Settlement establishes a \$505,000.00 fund to compensate Settlement Class Members for their lost time and out-of-pocket losses or expenses as well as for the costs of notice and administration, and attorneys’ fees and expenses as awarded by the Court. As a Settlement Class Member, you are eligible for cash payments as reimbursement for your money spent in response to the Data Incident (such as money spent on credit monitoring or as a result of incidents of fraud or identity theft caused by the Data Incident), as well as for a *pro rata* cash payment. You must fill out this claim form to receive these benefits.

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

**AVAILABLE BENEFITS**

**YOU MAY SUBMIT A CLAIM FOR ONE OR MORE OF THESE BENEFITS:**

**1. Credit Monitoring Services**

All Settlement Class Members may claim two (2) years of Credit Monitoring Services to include credit monitoring through one national credit reporting bureau and with at least \$1,000,000 in identity theft insurance.

**2. Unreimbursed Economic Losses Expenses**

You are eligible to receive reimbursement of actual, documented, Unreimbursed Economic Losses resulting from the Data Incident (up to \$10,000.00 in total), upon submission of a claim and supporting documentation, for unreimbursed ordinary and/or extraordinary economic losses incurred as a result of the Data Incident, including, without limitation, unreimbursed losses relating to:

- Fraud or identity theft;
- 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 on or after the Data Incident through the date of claim submission; and
- Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

These Unreimbursed Economic Losses must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. “Self-prepared” documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification to other, official documents.

**Questions? Call 1-833-417-4895 Toll-Free or Visit [www.HafetzDataSettlement.com](http://www.HafetzDataSettlement.com)**

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**3. \$50 Pro Rata Residual Cash Payment**

After distributing funds for the claims payments set forth above to claimants, as well as attorneys' fees, Class Counsel's litigation expenses, and Administrative Fees, if there is any money left over, the Settlement Administrator will make pro rata settlement payments of the remaining Settlement Fund to each Settlement Class Member who submits a cash payment claim. The remaining amount of the Settlement Fund will be distributed pro rata for each Settlement Class Member who submits a claim, which may increase or decrease the \$50.00 cash payment amount.

**COMPLETING THE CLAIM FORM**

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT [WWW.HAFETZDATASETTLEMENT.COM](http://WWW.HAFETZDATASETTLEMENT.COM).**

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

Hafetz and Associates Data Incident  
c/o Settlement Administrator  
PO Box 25191  
Santa Ana, CA 92799

Please type or legibly print all requested information in blue or black ink. The deadline to submit a Claim Form online is **January 22, 2026**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **January 22, 2026**.

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**I. CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above. **All fields are required.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (if available)

Phone Number

Unique ID (On the Email or  
Postcard you received)

**II. CYEX'S IDENTITY DEFENSE COMPLETE CREDIT MONITORING (Available to all Settlement Class Members)**

- ☐ Check this box if you would like to enroll in two (2) years of CyEx's Identity Defense Complete credit monitoring, which includes credit monitoring through one national credit reporting bureau and with at least \$1,000,000 in identity theft insurance.

Email address, if different than you provided in Section 1: \_\_\_\_\_

If you select "yes" for this option, you will need to follow instructions and use an activation code you will receive after the Settlement becomes Final. Activation instructions will be emailed to the email address(es) provided above.

**III. CASH PAYMENT**

**Pro Rata Cash Payment:** Would you like to receive a cash payment under the Settlement? (circle one)

Yes      No

Questions? Call 1-833-417-4895 Toll-Free or Visit [www.HafetzDataSettlement.com](http://www.HafetzDataSettlement.com)

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\*\* The payment under this option will originally be set at \$50.00; however, the value of the cash payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits and attorneys' and settlement administrator fees and expenses.

**IV. UNREIMBURSED ECONOMIC LOSSES**

☐

Please check this box here if you are electing to seek reimbursement for Unreimbursed Economic Losses and such claimed losses above will total no more than \$10,000.00. You must provide reasonable documentation of the claimed Unreimbursed Economic Losses. Self-attested documentation will not suffice.

**Making a Claim for an Unreimbursed Economic Loss Payment**

In order to make a claim for Unreimbursed Economic Losses, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section V); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Unreimbursed Economic Losses need to be deemed fairly traceable to the Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident.

**Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.**

If you **do not submit** reasonable documentation supporting a claim for Unreimbursed Economic Losses, or your claim for an Unreimbursed Economic Loss payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claim Pro Rata Cash Payment, if such claim is made, will be considered.

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Unreimbursed Loss Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Unreimbursed fraud losses or charges.	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> (mm/dd/yy)	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns.	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> (mm/dd/yy)	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Credit freeze.	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> (mm/dd/yy)	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Credit Monitoring ordered after receipt of the Data Incident Notice.	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> (mm/dd/yy)	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> (mm/dd/yy)	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office) why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Data Incident.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>

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<input type="checkbox"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing.	<div data-bbox="430 415 685 457"> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> <div data-bbox="505 491 634 522">(mm/dd/yy)</div>	<div data-bbox="763 415 1045 457"> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive federal and/or state tax refund and the amount of any tax refund that you did not receive due to the tax fraud.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Other (provide detailed description).	<div data-bbox="430 728 685 770"> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> <div data-bbox="505 804 634 835">(mm/dd/yy)</div>	<div data-bbox="763 728 1015 770"> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Please provide detailed description below or in a separate document submitted with this Claim Form.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Fraudulent bank or credit card charges.	<div data-bbox="430 970 685 1012"> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> <div data-bbox="505 1045 634 1077">(mm/dd/yy)</div>	<div data-bbox="763 970 1015 1012"> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Account statement with unauthorized charges highlighted; correspondence with credit card company disputing the charges.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Fraudulent tax filings.	<div data-bbox="430 1211 685 1253"> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> <div data-bbox="505 1287 634 1318">(mm/dd/yy)</div>	<div data-bbox="763 1211 1015 1253"> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Opening of bank accounts and/or credit cards in your name.	<div data-bbox="430 1453 685 1495"> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> <div data-bbox="505 1528 634 1560">(mm/dd/yy)</div>	<div data-bbox="763 1453 1015 1495"> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Notification from bank of new credit card or account; correspondence with bank about closing the account.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Government benefits taken in your name.	<div data-bbox="430 1694 685 1736"> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div> </div> <div data-bbox="505 1770 634 1801">(mm/dd/yy)</div>	<div data-bbox="763 1694 1015 1736"> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div>.</div><div></div><div></div> </div>	<p><i>Examples: Notification of unemployment benefits being taken; correspondence with agency regarding issue.</i></p> <p>Your documents: _____</p> <p>_____</p> <p>_____</p>

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**V. PAYMENT SELECTION**

Your payment check will be mailed to you at the address you provided above.

If you would rather be paid by PayPal, Venmo, ACH transfer, or Zelle, submit your claim online at:  
**[www.HafetzDataSettlement.com](http://www.HafetzDataSettlement.com)**

**VI. CERTIFICATION & SIGNATURE**

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this Claim or additional information from me. I also understand that all claims for payments under this Settlement are subject to the availability of settlement funds and may be reduced in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date