## **CLAIM FORM**

## UNITED STATES DISTRICT COURT DISTRICT OF UTAH Tracy Tanner v. Snap Finance LLC & Snap RTO LLC, Case No. 2:22-cv-00761-TS-JCB

If Snap Finance LLC and/or Snap RTO LLC notified you of a data-security incident in or around December 2022 (the "Data Incident"), you may be eligible to receive benefits under a class action settlement using this claim form. This clam form may be filled out online at www.SnapFinanceDataSettlement.com or submitted by mail to: Snap Finance Data Settlement, Claims Administrator, ATTN: CLAIM FORM, P.O. Box 25417, Santa Ana, CA 92799.

Please complete the claim form for each category of benefits that you would like to claim. Categories include: (1) Credit Monitoring and Identity Theft Protection; (2) Out-of-Pocket Expense Reimbursement; (3) Pro Rata Cash Payment; and (4) Cash Payment under the California Consumer Privacy Act ("CCPA") (California residents only). If you are claiming out-of-pocket expenses, please be sure to fill in the total amount you are claiming and attach the required documentation.

IF YOU WISH TO SUBMIT A CLAIM FOR SETTLEMENT BENEFITS, YOU MUST COMPLETE THE ONLINE FORM OR PROVIDE THE INFORMATION REQUESTED BELOW, SIGN, AND MAIL YOUR PAPER CLAIM FORM TO THE CLAIMS ADMINISTRATOR POSTMARKED BY JANUARY 16, 2024.

Si necesita ayuda en español, comuníquese con el administrador al 833-200-7006.

UNIQUE ID Number Provided on Notice:  First Name:  Last Name:  Address:  City:  State:  ZIP Code:  Email Address:															N	10	IAT	RIV	FO	IIN	GI	IA	JN	G		I.
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II. CREDIT MONITORING SERVICES
To receive the credit monitoring and identity theft protection plan offered as part of the settlement, please check the bobelow.
I would like to claim two (2) years of credit monitoring and identity theft protection provided by Pang Identity Defense Complete at no cost to me.
III. OUT-OF-POCKET LOSS AND EXPENSE REIMBURSEMENT
Allowable out-of-pocket expenses are detailed in the Settlement Agreement, available www.SnapFinanceDataSettlement.com. To receive up to \$5,000.00 in reimbursement of out-of-pocket losses caused by or expenses incurred as a result of, the Data Incident, please provide the following information:
Amount Requested:  \$
Documentary proof <u>MUST</u> be submitted to support your exact claim amount. "Self-prepared" documents are, be themselves, insufficient.
IV. PRO RATA CASH PAYMENT
All Class Members are eligible to claim a Pro Rata payment of up to \$500.00 by checking the box below. The specifiamount of this payment will be based on the number of claims received.
I would like to claim a Pro Rata payment of up to \$500.00.
V. CASH PAYMENT UNDER THE CALIFORNIA CONSUMER PRIVACY ACT
<b>CALIFORNIA RESIDENTS ONLY</b> . If you were a resident of California between June 23, 2022, and September 8, 2022, you may submit a claim for a payment of up to \$200.00 under the California Consumer Privacy Act ("CCPA") by checking the box below. The specific amount of this payment will be based on the number of claims received.
I was a California resident between June 23, 2022, and September 8, 2022, and would like to claim a payment under CCPA of up to \$200.00.
Attestation (You must check the box below to obtain compensation for California statutory claim benefits)  I declare under penalty of perjury under the laws of my state of residence that I was a resident of California at the time of the Data Incident.
(continued on page 3)

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## VI. SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this claim form by the undersigned is true and correct to the best of my knowledge and belief and is made under the penalty of perjury. I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid and authorize the Claims Administrator to contact me using the contact information set forth above to obtain any necessary supplemental information.

Print Name:																								
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The deadline to submit this form is **January 16, 2024**.

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION

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