

Pederson, et al. v. AAA Collections, Inc.

c/o Settlement Administrator

P.O. Box 2007

Chanhassen, MN 55317-2007

CLAIM FORM

Claims must be postmarked no later than February 13, 2024.

You may also submit a Claim Form online no later than February 13, 2024.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Monetary Compensation

1. **Pro Rata Cash Payment of \$50:** Would you like to receive a *pro rata* cash payment of \$50? (*check one*) Yes No

If you are a Class Member, you may receive a \$50 cash payment, which may be increased or decreased pro rata from funds remaining in the Settlement Fund after all claims are submitted and deductions are made from the Settlement Fund.

2. **Lost Time:** Members of the Class may submit a Claim for Lost Time at a rate of \$25.00/hour if at least one hour of time was spent in response to the Data Incident on remedying fraud, identity theft, or other alleged misuse of personal information caused by the Data Incident, or time spent on preventative and remedial measures to protect personal information caused by the Data Incident. You may claim up to 5 hours of lost time at \$25.00 per hour (\$125.00 maximum) under this settlement benefit.

I spent (*check one if applicable*): 1 2 3 4 5 **hours**

3. **Out-of-Pocket Expenses:** I am submitting a claim for out-of-pocket monetary expenses in the amount of \$_____ (not more than \$5,000.00) on account of out-of-pocket expenses and/or losses I incurred as a result of the Data Incident. I understand that I am required to provide third-party documentation to support my claim for Out-of-Pocket Expenses, such as providing copies of any receipts, bank statements, or other documentation supporting my claim. I understand that "self-prepared" documents are insufficient to receive payment. I understand the Settlement Administrator may contact me for additional information before processing my claim. I understand that if I lack information supporting my claim, then I will likely not receive compensation for this Settlement benefit. I understand any monetary compensation I may receive under the Settlement for out-of-pocket monetary losses is capped at \$5,000.00.

By signing my name below, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form is true and correct.

Signature: _____