

CLAIM FORM

*Deadline:
Your claim must be either
submitted online or
postmarked and mailed by:
September 6, 2022.*

VOLUSION, LLC SETTLEMENT
c/o Kroll Settlement Administration
PO Box 5324
New York, NY 10150-5324
Toll-Free: 833-620-3589
www.VolusionPrivacyClassAction.com

If you are a person to whom Volusion sent its Notice of Data Incident dated on or about April 21, 2020, advising that on or about October 8, 2019, Volusion learned that personal information of some customers of Volusion’s merchant clients may have been improperly exposed as a result of malware placed on Volusion’s e-commerce platform, you may be eligible for benefits from a class action settlement.

CLAIMS DEADLINE: Claims, along with any required supporting documentation, must be submitted online at www.VolusionPrivacyClassAction.com or postmarked by mail to the address listed above **no later than September 6, 2022.** Claims submitted after this date will not be considered valid, and you will not be paid.

You may submit a Claim to receive the following Settlement Benefits:

- 1. Reimbursement for Out-of-Pocket Losses:** Compensation will be made for documented unreimbursed losses, up to a total of \$1,500.00 per person for certain out-of-pocket expenses incurred as a result of the Data Security Incident. Upon submission of a Claim Form and required supporting documentation, out of pocket expenses may include bank fees, long distance phone charges, cell phone charges, data charges, postage, gasoline for local travel, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased between the date of Volusion’s Notice of Data Incident and the date of the Claims Deadline.
- 2. Compensation for Time Spent Responding to Data Incident:** You may be compensated for time spent responding to the Data Security Incident of up to three (3) hours of lost time at \$20.00/hour. Compensation for time spent responding to the Data Security Incident will be included within, and not in addition to, the calculation of reimbursement for documented out-of-pocket losses up to a maximum of \$1,500.00 per person.

In order for a Claim for reimbursement for documented out-of-pocket losses to be approved and paid, a Class Member must provide reasonable documentation to establish both the fact of actual loss and the dollar amount of the loss, and must have made reasonable efforts to exhaust all other sources of reimbursement, such as insurance benefits available as a result of the purchase of credit monitoring or identity monitoring. For Claims for time spent responding to the Data Security Incident, no documentation is required.

The sum total of payments for Approved Claims shall not exceed the net settlement fund. In the event total claims exceed the net settlement fund, the claim of each Settlement Class member shall be reduced on a *pro rata* basis. See the Settlement Agreement for further information on *pro rata* reductions.

Settlement Benefits will be distributed only after the Settlement is approved by the Court and all appeals are resolved in favor of the Settlement.

Please note: the Settlement Administrator may contact you to request additional documents or information needed to process your claim.



Claimant ID: 5324900000000

I. CLAIMANT INFORMATION

Please fill out the below information to submit a claim. We will use this information to contact you and process your claim. If any of the following information changes, you must promptly notify us in writing, by mail at VOLUSION, LLC SETTLEMENT, c/o Kroll Settlement Administration, P.O. Box 5324, New York, NY 10150-5324, or by email at info@VolusionPrivacyClassAction.com.

CLAIMANT ID: _____
(Your Claimant ID is listed on the email or postcard notice you received.)

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: (_____) _____ - _____

Contact Email Address: _____@_____._____
(To be used to contact you)

II. OUT-OF-POCKET LOSSES

Compensation for Out-of-Pocket Losses: If you have unreimbursed out-of-pocket losses that were incurred as a result of the Data Security Incident, including bank fees, long distance phone charges, cell phone charges, data charges, postage, gasoline for local travel, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased between the date of Volusion’s Notice of Data Incident and the date of the Claims Filing Deadline, you may submit a Claim for documented out-of-pocket losses of up to a maximum of \$1,500.00 per person.

You must provide reasonable documentation to establish both the fact of actual loss and the dollar amount of the loss, and must have made reasonable efforts to exhaust all other sources of reimbursement, such as insurance benefits available as a result of the purchase of credit monitoring or identity monitoring. **You must attach and submit any supporting documentation proving and supporting your unreimbursed out-of-pocket losses.**

<u>Loss Type and Examples of Documents</u>	<u>Amount</u>	<u>Out-of-Pocket Losses and Supporting Documents</u> (Identify the amount of money you spent or lost, and what supporting documents you are attaching)
Bank fees, long distance charges, cell phone charges, data charges, credit monitoring, credit reports, identity theft protection services, incurred postage, or gasoline for local travel related to the Data Security Incident which occurred between 4/21/2020 and 09/06/2022. <i>Documentation MUST be attached to Claim for Out-of-Pocket Losses.</i>	\$	



III. CLAIM TIME SPENT DEALING WITH THE DATA SECURITY INCIDENT

If you spent time dealing with the Data Security Incident (e.g., researching issues, protecting yourself from possible harm, time securing identity theft insurance products, freezing and unfreezing your credit report), you may claim up to three (3) hours of lost time at \$20.00/hour. **Claims for time spent are included within the \$1,500.00 cap on out-of-pocket losses as detailed above.** To claim reimbursement for time spent related to the Data Security Incident, you must check the following box and fill out the section below in full. You do not need to provide documentation.

Are you claiming time spent dealing with the Data Security Incident?

- Yes, I am claiming for time spent dealing with the Data Security Incident.
- No, I am not claiming time under this Section.

If you selected “Yes”, you must provide detail below attesting how your time was spent dealing with the Data Security Incident.

<u>Date</u>	<u>Time in Hours (up to 3 hours total)</u>	<u>Description of how your time was spent related to the Data Security Incident</u>

IV. PAYMENT SELECTION

If you made a claim for a out-of-pocket losses and/or lost time on this Claim Form, you can elect to receive your payment either electronically or by check. Please select only one of the options below. If no selection is made, or if the required information is not provided, Settlement Benefit payments will be mailed to the address you provided above.

- PayPal - PayPal Account Email Address: _____
- Venmo - Venmo User Name: _____
 Venmo Account Email Address: _____
 Venmo Account Phone Number: _____
- Check (will be mailed to address above)

V. AFFIRMATION AND SIGNATURE

- I affirm and swear under the laws of the United States that the information supplied in this claim form and any supplemental documentation attached is true and correct to the best of my knowledge.
- By signing this Claim Form I attest that the expenses listed above and/or time I spent were incurred as a result of the Data Security Incident.
- I understand that I may be asked to provide more information by the Settlement Administrator before my Claim is complete.

Signature: _____ **Date:** ____ / ____ / ____
mm/dd/yyyy