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**SETTLEMENT CLAIM FORM**

This Claim Form should be filled out online or submitted by mail if you received a notice from Smith, Gambrell & Russell International, LLP (“SGR”) on or about January 13, 2023, regarding a data security incident that occurred at SGR between July 19 and July 28, 2021 (the “Data Security Incident”), or if you otherwise believe you were affected by the Data Security incident.

You may receive a payment if you properly and timely complete this Claim Form, the Settlement is approved, and you are found to be eligible for a payment.

The Notice describes your legal rights and options. You can obtain the Notice and further information about the litigation, the Class Settlement Agreement and Release, and your legal rights and options on the official Settlement website, SGRLawDataSettlement.com, or by calling 1-888-863-7735.

Your Claim Form must be submitted online or postmarked by **July 5, 2025**, to be considered for payment. You can submit your Claim for a Settlement award in two ways:

1. Online at SGRLawDataSettlement.com by following instructions on the “Submit a Claim” page; or
2. By mail to the Settlement Administrator at this address: SGR Data Breach Litigation Settlement Administrator, P.O. Box 6509, Portland, OR 97228-6509

Only one Settlement Claim may be submitted per Settlement Class Member.

**CLASS MEMBER INFORMATION (REQUIRED)**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number

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Email Address (if any)

**SETTLEMENT OVERVIEW**

**Compensation for Lost Time:** If you spent time addressing issues relating to the Data Breach, you can make a Claim for reimbursement for up to five hours of time at a rate of \$25.00 per hour. To submit a valid Claim, you must represent that the time and/or effort spent was incurred because of the Data Breach.

**Credit Monitoring:** You can submit a Claim for three years of three-bureau credit monitoring services, including at least \$1 million in identity theft insurance.

**Compensation for Out-of-Pocket Expenses:** If you have incurred actual, unreimbursed expenses because of the Data Breach, you can make a Claim for reimbursement for up to \$2,500.00. Examples of actual, unreimbursed expenses include: (i) costs and expenses spent addressing identity theft or fraud; (ii) preventative costs including purchasing credit monitoring, placing security freezes on credit reports or requesting copies of credit reports for review; and (iii) other documented losses that were not reimbursed. You must include documentation to support that the out-of-pocket expenses were the result of the Data Breach.

**Compensation for Documented Extraordinary Losses:** If you experienced out-of-pocket losses for actual identity theft or fraud and submit documentation to support that such losses are the result of the Data Breach, you can make a Claim for up to \$7,500.00.

**Alternative Cash Payment:** In lieu of submitting a Claim for attested time, out-of-pocket expenses, or extraordinary losses, you may make a Claim for an Alternative Cash Payment of \$75.00.

**CCPA Payment:** If you are a California resident, you may make a Claim for a CCPA payment of \$150.00 in recognition of your statutory claims under the California Consumer Privacy Act.



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**ALL BENEFITS (AND THE AMOUNT PAID TO SETTLEMENT CLASS MEMBERS UNDER THIS SETTLEMENT) MAY BE HIGHER OR LOWER DEPENDING ON THE TOTAL AMOUNT OF APPROVED CLAIMS.**

**Failure to provide all required information will result in your claim being rejected by the Settlement Administrator.**

1.  I attest that I received a Notice that my information may have been impacted in the SGR Data Breach.

*If not checked, then you are not eligible to submit a claim.*

**CLAIM FOR CREDIT MONITORING**

2.  I wish to receive three years of three-bureau credit monitoring.

*If checked, please include a valid email address on the first page.*

**CLAIM FOR CCPA PAYMENT**

3.  I was a resident of California any time between April 9, 2021, and August 9, 2021.

**CLAIM FOR ALTERNATIVE CASH PAYMENT**

4.  I would like to make a Claim for an Alternative Cash Payment. The amount of the Alternative Cash Payment may be increased or decreased on a pro rata basis depending on the total amount of Approved Claims.

*If checked, proceed to Certification and Signature. If not checked, proceed to Question 5.*

**IMPORTANT: You CANNOT select both. You must choose between the Alternative Cash Payment OR submitting a Claim for lost time, out-of-pocket expenses, or extraordinary losses. If you submit a Claim for both, your claim for Alternative Cash Payment will be rejected and the Settlement Administrator will instead review the Claim for lost time, out-of-pocket expenses, or extraordinary losses.**

**CLAIM FOR LOST TIME PAYMENT**

5. Settlement Class Members who spent time addressing issues related to the SGR Data Breach may Claim up to five hours for lost time at a rate of \$25.00 per hour.

Hours claimed (up to five):

- 1 Hour    2 Hours    3 Hours    4 Hours    5 Hours

*Please proceed to Question 6.*















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**CERTIFICATION AND SIGNATURE**

By submitting this Claim Form, I certify that I am a Settlement Class Member and am eligible to make a Claim in this Settlement and that the information provided in this Claim Form and any attachments is true and correct. I do hereby swear (or affirm), under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge and that any cash compensation or benefits I am claiming are based on losses or expenses I reasonably believe, to the best of my knowledge, were incurred because of the Data Breach.

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 Claim payments are subject to the availability of Settlement Funds and may be reduced depending on the type of Claim and the determinations of the Settlement Administrator.

Signature

Date: 

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MM DD YYYY

Print Name