

**Your Claim must
be submitted
online or
postmarked by:
September 10, 2026**

CLAIM FORM

**STIIIZY Data Breach
Claims Administrator
P.O. Box 1868
Baton Rouge, LA**

In Re: STIIIZY Inc. Data Breach Security Litigation
Case No. 2:25-cv-00490
United States District Court for the Central District of California

INSTRUCTIONS ON HOW TO RECEIVE PAYMENT

You are entitled to payment if you appear on STIIIZY's list of individuals whose information was compromised in the Data Security Incident at issue in *In Re: STIIIZY Inc. Data Breach Security Litigation*. For more details, please refer to the Long Notice available at www.StiiizyDataBreachSettlement.com. To receive payment, you must take the following steps in order to seek compensation.

STEP 1: Choose how you want to be paid:

- a. **Electronic Payment.** For electronic payments, you must complete and submit your Claim Form online at www.StiiizyDataBreachSettlement.com by September 10, 2026.
- b. **Paper Check.** If by paper check, complete this form and mail it to Claims Administrator at P.O. Box 1868, Baton Rouge, LA 70821 by September 10, 2026.

STEP 2:

- a. **Pro Rata Cash Payment: no documentation needed. Complete page 2 only.** *California residents receive twice the pro rata cash payments of other class members.*
- b. **Reimbursement for Documented Losses:** Up to \$7,500 for out-of-pocket costs related to the breach. Complete pages 3-5 and attach supporting documents. You cannot select both options. *If your Documented Loss Claim is denied, you will automatically receive a Pro Rata Cash Payment instead – you do not need to submit a separate form.*

STEP 3: Add free credit monitoring (optional).

Two years of credit monitoring and identity theft protection – includes up to \$1,000,000 in identity theft insurance and three-bureau credit monitoring, in addition to your cash payment. If you already have credit monitoring, you may defer enrollment for 12 months at no charge.


If you do nothing (choose not to submit this form), you will not receive any payment or credit monitoring, but you will still be bound by this Settlement and give up your right to sue STIIIZY separately for the claims covered here.

CLAIMS FOR PRO RATA CASH FUND PAYMENT

Cash Payment: Settlement Class Members can submit a Claim Form and receive a cash payment. Class Members who were California residents when doing business with STIIIZY will receive double the cash payment. The amount of the cash payments will depend on the total number of claims submitted.

- Check this box to certify that you are requesting a Pro Rata Cash Fund Payment. **Do not check this box if you intend to seek compensation for Documented Losses. Instead, complete the information on pages 3–5.**
- Check this box if you would also like to enroll in credit monitoring and insurance services benefits.
- Check this box to certify that you are a Person in the United States to whom STIIIZY sent notice of the Data Security Incident, or you have reason to believe you were impacted by the Data Security Incident.
- Check this box to certify that you resided in the **State of California** at the time you did business with STIIIZY.

Enter the Class Member ID Number provided on your Short Notice:

Email Notice	Postcard Notice
<p>From: STIIIZY Data Breach Claims Administrator Subject: Notice of Class Action Settlement – STIIIZY Inc. Data Breach Litigation</p> <hr/> <p>Class Member ID: <<RefNum>></p> <p>If You Received This Notice, You Have Been Identified as an Individual Whose Personal Information May Have Been Affected by a Data Security Incident Involving STIIIZY Inc.</p> <p><i>A court authorized this notice. This is not a solicitation from a lawyer.</i></p> <p>This notice is only a summary of the key Settlement terms. A full copy of the Settlement Agreement and Long Form Notice is available on the Settlement Website at</p>	<p align="center">Court Approved Legal Notice</p>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ELECTRONIC SERVICE REQUESTED</p> <p>CLASS MEMBER ID: [Notice ID] [FIRST NAME] [LAST NAME] [ADDRESS1] [ADDRESS2] [CITY] [STATE] [ZIP]</p> </div>

If you cannot locate your Class Member ID, you may contact the Claims Administrator at 1-855-907-2590 for assistance.

Class Member ID: _____

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

First Name **Last Name**

Address 1

Address 2

City **State** **Zip Code**

Email Address: _____@_____

AFFIRMATION: I affirm that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature **Date** / / _____

CLAIMS FOR REIMBURSEMENT OF DOCUMENTED LOSSES

Reimbursement for Documented Losses: Settlement Class Members may submit a Claim Form for Documented Losses up to \$7,500 per individual. The following losses are eligible for compensation: unreimbursed costs, expenses or charges incurred addressing or remedying identity theft, fraud, or misuse of personal information and/or other issues reasonably traceable to the Data Security Incident.

If your total losses are determined to be less than the amount distributed via the Pro Rata Cash Fund Payment, or if your claim for Documented Losses is denied, you may be notified and provide additional information or choose to accept the Pro Rata Cash Fund Payment.

To submit your claim for reimbursement of Documented Losses, you must submit:

- (1) your name and current address;
- (2) documentation supporting your claim; and
- (3) a brief description in the table below, identifying the documentation submitted and describing the nature of the loss if the nature of the loss is not apparent from the documentation alone.

Check this box to certify that you are requesting reimbursement of Documented Losses. **Do not check this box if you intend to seek a Pro Rata Cash Fund Payment. Instead, complete the information on page 2.**

Check this box if you would also like to enroll in credit monitoring and insurance services benefits in addition to seeking Documented Losses.

Check this box to certify that you are a Person in the United States to whom STIIIZY sent notice of the Data Security Incident, or you have reason to believe you were impacted by the Data Security Incident.

Check this box if you resided in the **State of California** at the time you did business with STIIIZY.

Enter the Class Member ID Number provided on your Short Notice:

Class Member ID: _____

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

First Name **Last Name**

Address 1

Address 2

City **State** **Zip Code**

Email Address: _____@_____

To obtain this benefit, you must submit documentation that your Documented Losses were incurred as a result of the Data Security Incident.

Check this box to confirm that you have submitted documentation supporting your claim.

(Please see the final section of this Claim Form for additional guidance regarding what documentation may be considered in approving your Claim.)

Cost Type (Fill all that apply)	Approximate Date of Documented Losses	Amount of Documented Losses	Brief Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<i>Example: Identity Theft Protection Service</i>	<i>07/17/25 (mm/dd/yy)</i>	<i>\$50.00</i>	<i>Copy of identity theft protection service bill</i>
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

AFFIRMATION: I swear (or affirm) under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

_____/_____/_____
Signature Date

Print Name

Explanation of Reimbursable Documented Losses and Adequate Documentation

What are “Documented Losses”? These are unreimbursed costs you incurred that are “reasonably related” to the Data Security Incident. These may include (1) unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, falsified tax returns, or other possible misuse of your personal information; (2) other miscellaneous expenses incurred related to any loss such as notary, fax, postage, copying, mileage, and long-distance telephone charges; and (3) credit monitoring or other mitigative costs that you incurred on or after October 10, 2024, through the date you submit this form.

What makes a loss “reasonably related” to the Data Security Incident? The loss must have occurred on or after October 10, 2024. Also, the personal information used to commit identity theft or fraud must be of the same type of personal information that was provided to STIIIZY prior to the Data Security Incident.

What is “reasonable documentation”? Documentation should include receipts or other documentation not “self-prepared” by you that documents the unreimbursed cost, loss, or expenditure incurred. “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.