CLAIM FORM FOR PACIFIC CITY BANK DATA INCIDENT BENEFITS

USE THIS FORM TO MAKE A CLAIM FOR A CASH PAYMENT, LOST TIME PAYMENTS AND/OR OUT-OF-POCKET EXPENSES PAYMENTS

For more information, call **1-844-740-2251** or visit the website <u>www.pcbdatasettlement.com</u> Para una notificación en Español, pueda llamar **1-844-740-2251** o visitar nuestro sitio de web <u>www.pcbdatasettlement.com</u>.

이 통지문이나 청구서를 한국어로 받으시려면 사건 웹사이트 <u>www.pcbdatasettlement.com</u>을 방문하시거나, info@pcbdatasettlement.com으로 이메일을 보내시거나, 1-844-740-2251로 전화해 주십시오.

The DEADLINE to submit this Claim Form online (or mail it postmarked) is

March 21, 2024

I. GENERAL INSTRUCTIONS

If you were notified by Pacific City Bank that your Private Information was potentially compromised in a cyberattack Pacific City Bank experienced on or about August 30, 2021 (the "Data Incident"), you are a Class Member.

The Settlement establishes a \$700,000.00 fund to compensate Class Members who submit valid and timely claims for their Lost Time and Out-of-Pocket expenses, as well provide for a pro-rata payment to each Class Member and additional compensation for incidents of verified fraud. The Settlement Fund will also provide for Plaintiff's service award, and attorneys' fees and expenses as awarded by the Court. As a Class Member, you are eligible for cash payments as reimbursement for time and money spent in response to the Data Incident (such as money spent on credit monitoring), as well as for any money you lost as a result of incidents of fraud or identity theft connected to the Data Incident, along with a pro-rata payment. You must fill out this claim form to receive these benefits. You may claim one, two, or more of the settlement benefits listed below.

The benefits are as follows:

Out-of-Pocket Expenses

You are eligible to receive reimbursement for money you paid to protect yourself after the Data Incident, such as money spent on a credit monitoring service. You are also eligible to receive reimbursement for money you lost as a result of fraud or identity theft, if that money has not been reimbursed from another source. This includes:

- Unreimbursed losses relating to fraud or identity theft;
- Professional fees including attorneys' fees, accountants' fees, and fees for credit repair services;
- Costs associated with freezing or unfreezing credit with any credit reporting agency;
- Credit monitoring costs that were incurred on or after August 30, 2021 that you attest under penalty of perjury were caused or otherwise incurred as a result of the Data Incident, through the date of claim submission; and
- Miscellaneous expenses such as notary, data charges (if charged based on the amount of data used) fax, postage, copying, mileage, cell phone charges (only if charged by the minute), and long-distance telephone charges.

These losses must be documented; you must submit copies of documents supporting your claims, such as receipts or other documentation. "Self-prepared" documents, such as handwritten receipts, will not count as documentation, but you can submit them as clarification for other, official documents.

Lost Time Claims

You may submit a claim for reimbursement for time spent resolving issues attributable to the Data Incident. You will be reimbursed at \$25/hour of time spent, **up to \$100 total.** By filling out this claim form, you can attest to the amount of time you spent attempting to mitigate the effects of the Data Incident on your life. This can include, for example, time spent on the phone with banks, time spent dealing with replacement card issues or reversing fraudulent charges, time spent researching the Data Incident, time spent monitoring accounts, or time spent freezing your credit. You do not have to include documentation of your lost time. Instead, you can swear, under penalty of perjury, to the amount of time you spent.

Verified Fraud

For each documented and verified instance of identity fraud you have suffered, you are entitled to \$250, regardless of whether you have been reimbursed for that fraud.

Verified Fraud Claims include:

- Fraudulent bank or credit card charges,
- Tax filings,
- Opening of bank and/or credit accounts,
- Unemployment filings,
- Other fraudulent actions taken using your information from the Data Incident.

Class Members with Verified Fraud Claims must submit documentation and attestation supporting their claims. Receipts or other documentation, not "self-prepared" by the claimant, that documents the incident are required. "Selfprepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

California Resident Sub-Class \$100 Additional Payment

If you were living in the State of California at the time of the Data Incident, August 30, 2021, you may submit a claim for an additional payment of \$100 as part of the California Sub-Class.

<u>\$50 Pro-Rata Residual Cash Payment</u>

After distributing funds for the claim payments set forth above to claimants, as well as attorneys' fees, Class Counsel's litigation expenses, Administrative Fees, and Service Award, if there is any money left over, the Settlement Administrator will make *pro rata* settlement payments of the remaining Settlement Fund to each Class Member who submits a cash payment claim. The remaining amount of the Settlement Fund will be distributed pro rata for each Class Member who submits a claim, which may increase or decrease the \$50 cash payment amount. Based on the claims received under the Settlement so far and those expected to be received through the extended claim deadline in this case, the pro rata cash payments are expected to exceed \$200 for each valid pro rata cash payment claim.

Completing the Claim Form

This Claim Form may be submitted online at **www.pcbdatasettlement.com** or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Pacific City Bank Settlement Administrator P.O. Box 4147 Baton Rouge, LA 70821

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments, you must notify the Settlement Administrator in writing at the address above.

Claimant Name:				
	First Name		MI	Last Name
Street Address:				
Street Address S	Second Line:			
City:			State:	Zip Code:
Class Member I	D:			
If you received a postcard.	a notice of this Settlemen	t by U.S. mail, yo	our Class Member ID i	s on the envelope or
If you received a	a notice of this Settlemen	t by email, your (Class Member ID is in	the email.
E-mail Address:				
[optional] Daytin	me Phone Number: ())	<u> </u>	_
[optional] Evening	ng Phone Number: ()	<u>-</u>	_
		You may sele	ect a:	

III. PRO RATA CASH PAYMENT

Cash Payment: Would you like to receive a cash payment under the Settlement? (circle one)

Yes No

** The payments under this option will originally be set at \$50, however, the value of cash payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, attorneys' and settlement administrator fees and expenses. Based on the claims received under the Settlement so far and those expected to be received through the extended claim deadline in this case, the pro rata cash payments are expected to exceed \$200 for each valid pro rata cash payment claim.

IV. LOST TIME PAYMENT

Please check off this box for this section if you are electing to seek reimbursement for Lost Time you undertook to prevent or mitigate fraud and identity theft following the announcement of the Data Incident.

Class Members who elect to submit a Claim for Lost Time Payment may claim, together with Out-of-Pocket Expenses, no more than \$100 at \$25/hour for four hours of time actually spent addressing issues arising from the Data Incident. If you are selecting reimbursement for Lost Time, you must fill in the blanks in this section and sign the certification at the end of the claim form.

I, _____, declare that I suffered Lost Time. Specifically, I spent the following number of |Name|

hours attempting to prevent fraud or mitigate fraud and identity theft related to the Data Incident:

hours (rounded to the nearest hour).

V. CASH PAYMENT TO CALIFORNIA RESIDENTS

California residents, due to the heightened statutory damages available to them under California law, may elect to receive a \$100 cash payment under the Settlement.

If you were a California resident on August 30, 2021, would you like to receive a \$100 cash payment under the Settlement? (circle one)

Yes No

** The payments under this option will originally be set at \$100, however, the value of cash payment under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, attorneys' and settlement administrator fees and expenses.

VI. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES AND/OR VERIFIED FRAUD

Please check off this box for this section if you are electing to seek reimbursement for unreimbursed **Out-of-Pocket Expenses** and such claimed losses above will total no more than \$5,000.00. You must provide reasonable documentation of the claimed Out-of-Pocket Expenses. Self-attested documentation will not suffice.

Please check off this box for this section if you are electing to seek reimbursement for one or more incidents of **Verified Fraud.** Such claimed payments will be \$250/incident, but in total no more than \$5,000.00. You must provide reasonable documentation for **each** instance of fraud. Self-attested documentation will not suffice.

Making a Claim for Out-of-Pocket Expenses

In order to make a claim for Out-of-Pocket Expenses, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the attestation at the end of this Claim Form (section V); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Out-of-Pocket Expenses need to be deemed fairly traceable to the Data Incident by the Settlement Administrator based on the documentation you provide and the facts of the Data Incident.

Failure to meet the requirements of this section may result in your claim being rejected by the Settlement Administrator.

Out-of-Pocket Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Unreimbursed fraud losses or charges	(mm/dd/yy)	\$	Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges Your documents:
Professional fees incurred in connection with identity theft or falsified tax returns.	(mm/dd/yy)	\$ <u></u>	Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return Your documents:
Credit freeze	(mm/dd/yy)	\$	<i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services</i> Your documents:
Credit Monitoring ordered after receipt of the Data Incident Notice.	(mm/dd/yy)	\$ <u></u>	Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services Your documents:
Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	(mm/dd/yy)	\$ <u></u>	Examples: Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (i.e. police station, IRS office) why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled to remediate or address issues related to the Data Incident Your documents:
Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing	(mm/dd/yy)	\$ <u></u>	Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive tax refund and amount of. Your documents:

Other (provide detailed description)	(mm/dd/yy)	\$ Please provide detailed description below or in a separate document submitted with this Claim Form Your documents:

If you **do not submit** reasonable documentation supporting a claim for Out-of-Pocket Expenses, or your claim for an Out-of-Pocket Expense payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for Lost Time, if such claims are made, will be considered.

Verified Fraud Claims

You are eligible for an up to \$250 payment for each incident of verified fraud you have suffered. Please use the checkboxes below to indicate what kind of fraud you've suffered and describe the documents you're submitting to substantiate the fraud. The payments for verified Fraud Claims are also subject to the \$5,000 cap that applies to out-of-pocket expenses.

Verified Fraud Type (Fill all that apply)	Approximate Date of Fraud	Amount Defrauded (even if reimbursed)	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Fraudulent bank or credit card charges	(mm/dd/yy)	\$	Examples: Account statement with unauthorized charges highlighted; correspondence with credit card company disputing the charges Your documents:
Fraudulent tax filings	(mm/dd/yy)	\$	Examples: Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return Your documents:
Opening of bank accounts and/or credit cards in your name.	(mm/dd/yy)	\$ <u></u>	Examples: Notification from bank of new credit card or account; correspondence with bank about closing the account Your documents:
Government benefits taken in your name	(mm/dd/yy)	\$ <u></u>	Examples:Notificationofunemploymentbenefitsbeingtaken;correspondencewithagencyregardingissueYourdocuments:

If you **do not submit** reasonable documentation supporting a claim for Verified Fraud payments, or your claim for a Verified Fraud payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claims for Lost Time, if such claims are made, will be considered.

VII. CERTIFICATION

By submitting this Claim Form, I certify that I am eligible to make a claim in this settlement and that the information provided in this Claim Form and any attachments are true and correct. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. 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 in part or in whole, depending on the type of claim and the determinations of the Settlement Administrator.

Signature:

Date: _____

Print Name: