

CLAIM FORM FOR THE 1st LAKE PROPERTIES, INC.
DATA INCIDENT BENEFITS

**USE THIS FORM TO MAKE A CLAIM FOR AN UNREIMBURSED ECONOMIC LOSS PAYMENT
AND/OR PRO RATA CASH PAYMENT**

*For more information, call 1-844-979-7303, email 1stlakedatasettlement@rg2claims.com or visit the website
www.1stlakedatasettlement.com*

The DEADLINE to submit this Claim Form online (or have it postmarked for mailing) is

SEPTEMBER 19, 2025

I. GENERAL INSTRUCTIONS

If you previously received a notice letter notifying you of the data incident 1st Lake discovered in December 2021, you are a Settlement Class Member. The event that caused your data to be lost is referred to here as the “Data Incident.”

The Settlement establishes a \$525,000.00 fund to compensate Settlement Class Members for their lost time and out-of-pocket losses or expenses as well as for the costs of notice and administration, and attorneys’ fees and expenses as awarded by the Court. As a Settlement Class Member, you are eligible for cash payments as reimbursement for your money spent in response to the Data Incident (such as money spent on credit monitoring or as a result of incidents of fraud or identity theft caused by the Data Incident), a *pro rata* cash payment and two years of three-bureau credit monitoring. You must fill out this claim form to receive these benefits.

The benefits are as follows:

a. Unreimbursed Economic Losses Expenses

You are eligible to receive reimbursement of actual, documented, Unreimbursed Economic Losses resulting from the Data Incident (up to \$10,000.00 in total), upon submission of a claim and supporting documentation, for unreimbursed ordinary and/or extraordinary economic losses incurred as a result of the Data Incident, including, without limitation, 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 the Data Incident through the date of claim submission; and
- Miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

These Unreimbursed Economic 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 to other, official documents.

b. \$50 Pro Rata Residual Cash Payment

After distributing funds for the claims payments set forth above to claimants, as well as attorneys' fees, Class Counsel's litigation expenses, and Administrative Fees, if there is any money left over, the Settlement Administrator will make pro rata settlement payments of the remaining Settlement Fund to each Settlement Class Member who submits a cash payment claim. The remaining amount of the Settlement Fund will be distributed pro rata for each Settlement Class Member who submits a claim, which may increase or decrease the \$50.00 cash payment amount.

c. Credit Monitoring

Participating Settlement Members can elect to make a claim below for two years of three-bureau credit monitoring.

Completing the Claim Form

This Claim Form may be submitted online at www.1stlakedatasettlement.com or completed and mailed to the address below. Please type or legibly print all requested information in blue or black ink. If submitting by U.S. mail, mail your completed Claim Form, including any supporting documentation, to:

1st Lake Properties Data Incident
c/o RG2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

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 2: _____

City: _____ State: _____ Zip Code: _____

Class Member ID: _____

If you received a notice of this Settlement by U.S. mail, your Class Member ID is on the envelope or postcard.

If you received a notice of this Settlement by email, your Class Member ID is in the email.

E-mail Address: _____

[optional] Daytime Phone Number: (_____) _____ - _____

[optional] Evening Phone Number: (_____) _____ - _____

You may submit a claim for one or more of these benefits:

1) CREDIT MONITORING

☐ Please check this box here if you are electing to make a claim for two years of three-bureau credit monitoring.

2) CASH PAYMENT

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

Yes No

** The payment under this option will originally be set at \$50.00; however, the value of the 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 and attorneys' and settlement administrator fees and expenses.

3) UNREIMBURSED ECONOMIC LOSSES

☐

Please check this box here if you are electing to seek reimbursement for **Unreimbursed Economic Losses** and such claimed losses above will total no more than \$10,000.00. You must provide reasonable documentation of the claimed Unreimbursed Economic Losses. Self-attested documentation will not suffice.

Making a Claim for an Unreimbursed Economic Loss Payment

In order to make a claim for Unreimbursed Economic Losses, **you must** (i) fill out the information below, or fill out a separate sheet to be submitted with this Claim Form; (ii) sign the Certification at the end of this Claim Form (section III); and (iii) include reasonable documentation supporting each claimed loss along with this Claim Form. Unreimbursed Economic Losses 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.

Unreimbursed Loss Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
<input type="checkbox"/> Unreimbursed fraud losses or charges.	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<p><i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Professional fees incurred in connection with identity theft or falsified tax returns.	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<p><i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Credit freeze.	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<p><i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Credit Monitoring ordered after receipt of the Data Incident Notice.	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<p><i>Example: Receipts or account statements reflecting purchases made for credit monitoring and insurance services.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, gas, copying, mileage, and long-distance telephone charges.	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<p><i>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.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Lost interest or other damages resulting from a delayed state and/or federal tax refund in connection with fraudulent tax return filing.	<div> <div></div><div></div> / <div></div><div></div> / <div></div><div></div> </div> <div>(mm/dd/yy)</div>	<div> <div>\$</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> . <div></div><div></div> </div>	<p><i>Examples: Letter from IRS or state about tax fraud in your name; Documents reflecting length of time you waited to receive federal and/or state tax refund and the amount of any tax refund that you did not receive due to the tax fraud.</i></p> <p>Your documents: _____</p>

<input type="checkbox"/> Other (provide detailed description).	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> / / </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> \$. </div>	<p><i>Please provide detailed description below or in a separate document submitted with this Claim Form.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Fraudulent bank or credit card charges.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> / / </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> \$. </div>	<p><i>Examples: Account statement with unauthorized charges highlighted; correspondence with credit card company disputing the charges.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Fraudulent tax filings.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> / / </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> \$. </div>	<p><i>Examples: Letter from IRS or state about tax fraud in your name; Accountant bill for re-filing tax return.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Opening of bank accounts and/or credit cards in your name.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> / / </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> \$. </div>	<p><i>Examples: Notification from bank of new credit card or account; correspondence with bank about closing the account.</i></p> <p>Your documents: _____</p>
<input type="checkbox"/> Government benefits taken in your name.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> / / </div> <div style="text-align: center;">(mm/dd/yy)</div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; text-align: center;"> \$. </div>	<p><i>Examples: Notification of unemployment benefits being taken; correspondence with agency regarding issue.</i></p> <p>Your documents: _____</p>

If you **do not submit** reasonable documentation supporting a claim for Unreimbursed Economic Losses, or your claim for an Unreimbursed Economic Loss payment is rejected by the Settlement Administrator for any reason and you do not cure the defect, only your claim Pro Rata Cash Payment, if such claim is made, will be considered.

4) PAYMENT METHOD SELECTION *(email address required above for electronic payment)*

_____ Physical Check _____ Electronic Payment

III. 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 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 claims for payments under this Settlement 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: _____