

Must be postmarked or submitted online no later than January 22, 2024

EQUIFAX DATA BREACH SETTLEMENT
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EFX

Equifax Data Breach Extended Claims Period Claim Form for Class Members Who Were Minors on May 13, 2017

SETTLEMENT BENEFITS – WHAT YOU MAY GET

This Extended Claims Period Claim Form can be used to submit a claim on behalf of a Class Member whose personal information was impacted by the Equifax data breach announced on September 7, 2017, who was under the age of 18 on May 13, 2017 (“Impacted Minor”), who experienced an issue with identity theft or fraud because of the breach and is seeking reimbursement for valid Out-of-Pocket Losses or Time Spent (excluding losses of money and time associated with freezing or unfreezing credit reports or purchasing credit monitoring or identity theft protection) incurred during the Extended Claims Period if you have not received reimbursement for the claimed loss through other means.

To be eligible, your claim for Out-of-Pocket Losses or Time Spent must occur **between January 23, 2020 and January 22, 2024** (the “Extended Claims Period”).

Use this Extended Period Claim Form if one of the following circumstances applies to you:

- If your child was impacted by the data breach and is still under the age of 18 on the date this Extended Claims Period Claim Form is submitted. Parents or legal guardians must submit Claim Forms on behalf of individuals who are still minors.
- If you were impacted by the data breach, and you are now over the age of 18 on the date you submit this Claim Form. If you are over the age of 18, only you or your authorized representative can submit a Claim Form on your behalf.

If you were over the age of 18 on May 13, 2017 and wish to file an Extended Claims Period Claim Form, visit www.EquifaxBreachSettlement.com. Do not use this Claim Form.

The easiest way to submit a claim is online at www.EquifaxBreachSettlement.com or you can complete and mail this claim form to the mailing address above.

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

Cash Reimbursement. Use this claim form to request money for one or more of the following:

1. **Reimbursement for Time Spent.** If you or your child spent time trying to recover from fraud or identity theft because of the Equifax data breach, **between January 23, 2020 and January 22, 2024**, you can get up to \$25 per hour for up to 10 total hours, or up to 20 total hours if you provide supporting documents.

2. **Reimbursement for Money You Spent.** If you or your child spent money trying to recover from fraud or identity theft because of the Equifax data breach, **between January 23, 2020 and January 22, 2024**, you can be reimbursed up to \$20,000. **You must submit documents supporting your claim.**

No claim is required for **identity restoration services**. U.S. consumers impacted by the Equifax data breach will be able to access identity restoration services for a period of at least 7 years once the Settlement is effective. More information is available at www.EquifaxBreachSettlement.com.

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Claims must be submitted online or postmarked by mail no later than January 22, 2024. Use the address at the top of this form for mailed claims.

Please note that the Settlement Administrator may contact you to request additional documents to process your claim.

Your cash benefit for Out-of-Pocket Losses or Time Spent may decrease depending on the number and amount of claims filed and will be paid on a first-come-first-served basis.

For more information and complete instructions visit www.EquifaxBreachSettlement.com.

Please note that Settlement benefits will be distributed only after the Settlement is effective.

Your Information

We will use this information to contact you and process your Extended Claims Period claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@EquifaxBreachSettlement.com.

1. INITIAL CLAIMS PERIOD CLAIM NUMBERS(S) (IF ANY)			
2. YOUR NAME (REQUIRED):	First	Middle Initial	Last
3. ARE YOU FILING FOR YOURSELF OR FOR YOUR MINOR CHILD?	<p>_____ Myself. I was under the age of 18 on May 13, 2017, but I am now over the age of 18 (skip to "Mailing Address" at 5, below);</p> <p>OR</p> <p>_____ I am filing on behalf of my child, who is still a minor at the time of filing this form (fill in "Child's Name" at 4, below).</p>		
4. CHILD'S NAME (IF APPLICABLE)	First	Middle Initial	Last

5. YOUR MAILING ADDRESS (REQUIRED):	Street Address
	Apt. No.
	City
	State
	Zip
6. YOUR PHONE NUMBER:	
7. YOUR EMAIL ADDRESS:	
8. YEAR OF BIRTH (REQUIRED)	<i>Enter your year of birth if filling out for yourself or enter your child's year of birth if filling out this form on behalf of a minor.</i>

Cash Payment: Time Spent

If you or your child spent time trying to recover from fraud or identity theft caused by the data breach that was not associated with freezing or unfreezing credit reports or purchasing credit monitoring services, and that time occurred **between January 23, 2020 and January 22, 2024**, please complete the chart below. You can be compensated up to \$25 per hour for up to 20 hours. **Your payment may be less, depending on the number and amount of claims filed.**

If you claim **10 hours or less**, you **must** describe the actions you took in response to the data breach and the time each action took.

If you claim **more than 10 hours total**, you **must** describe the actions you took in response to the data breach and include supporting documents showing fraud, identity theft, or other misuse of your personal information.

By filling out the boxes below, you are certifying that the time you spent does not relate to other data breaches. You are also certifying that you have not received reimbursement for the claimed loss through other means.

<p style="text-align: center;">Explanation of Time Spent (Identify what you did and why)</p>	<p style="text-align: center;">Approx. Date(s)</p>	<p style="text-align: center;">Number of Hours and Minutes</p>	<p style="text-align: center;">Supporting Documentation? (Y/N)</p>
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Cash Payment: Money You Lost or Spent

If you or your child lost or spent money trying to prevent or recover from fraud or identity theft caused by the Equifax data breach, **between January 23, 2020 and January 22, 2024**, and have not been reimbursed for that money, you can receive reimbursement for up to \$20,000 total.

It is important for you to send documents that show what happened and how much you lost or spent, so that you can be repaid. If they are the same as the documents you attached in the section above, you do not need to attach again.

To look up more details about how cash payments work during the Extended Claims Period, visit www.EquifaxBreachSettlement.com or call toll-free at 1-833-759-2982. You will find more information about the types of costs and losses that can be paid back to you during the Extended Claims Period, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment.

Loss Type and Examples of Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Equifax breach)
<p>Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information incurred between January 23, 2020 and January 22, 2024.</p> <p><i>Examples: Account statement with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Professional fees paid to address identity theft incurred between January 23, 2020 and January 22, 2024.</p> <p><i>Examples: Receipts, bills, and invoices from accountants, lawyers, or others.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Other expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the data breach incurred between January 23, 2020 and January 22, 2024.</p> <p><i>Examples: Phone bills, receipts, detailed list of places you traveled (i.e. police station, IRS office), reason why you traveled there (i.e., police report or letter from IRS re: falsified tax return) and number of miles you traveled</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

How You Would Like to Receive Your Cash Payment

If you made a claim for a cash payment in this claim form, you can elect to receive your payment either by check or pre-paid card to your mailing address.

Checks must be cashed within 90 days. If you select a pre-paid card, the card never expires.

Which do you prefer?

Check

Pre-Paid Card

Signature

I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge and that I have not already received reimbursement for the claimed loss through other means.

Check one:

____ I affirm that I am the parent or legal guardian of the child listed below, and that I am filing an Extended Claims Period Claim Form on his or her behalf.

Child's Name: _____

OR

____ I am filling out this claim form on my own behalf, and I am over the age of 18.

I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Signature:

Dated:

Print Your Name: