

Hudson's Bay Company Financial Institution Data Breach Settlement
c/o Analytics Consulting LLC, Settlement Administrator
P.O. Box 2005
Chanhassen, MN 55317-2005

CLAIM FORM

COMPLETE AND SIGN THIS FORM AND SUBMIT ONLINE NO LATER THAN **FEBRUARY 17, 2022** at:
www.HBCFinancialInstitutionSettlement.com

OR

SUBMIT BY MAIL POSTMARKED BY FEBRUARY 17, 2022 at:
Hudson's Bay Financial Institution Data Breach Settlement
c/o Analytics Consulting LLC, Settlement Administrator
P.O. Box 2005
Chanhassen, MN 55317-2005

- Use this form if your financial institution is a Settlement Class Member that is entitled to make a claim under the Settlement. For more information about who is a Settlement Class Member and details about the Settlement, see www.HBCFinancialInstitutionSettlement.com.
- To make a claim, fill out the "Settlement Class Member Information" on the next page, regardless of the type of Claim you are making.
- After this Instructions section, this form has two parts. You should fill out Part I if your financial institution wants to make a "Fixed Payment Claim" and be eligible to receive a fixed payment of \$1.85 per Alerted-On Card (subject to potential pro rata reduction depending on the amount of valid Claims). No documentation is needed for claims submitted under Part I, but you must provide the total number of Alerted-On Payment Cards issued by your financial institution.
- You should fill out Part II if your financial institution wants to make a "Documented Out-of-Pocket Claim" and be eligible to receive up to \$3,000.00 for reimbursement of unreimbursed out-of-pocket expenses consisting of fraud reimbursement amounts paid to customers for fraudulent activity on Alerted-On Payment Cards incurred directly as a result of, and specifically associated with, the Hudson's Bay Data Security Incident (subject to potential pro rata reduction depending on the amount of valid Claims). To submit a valid Documented Out-of-Pocket Claim, you need to provide documentation to support your Claim, as further explained below. Documented Out-of-Pocket Claims are subject to review and validation by the Settlement Administrator and there is no guarantee that your Documented Out-of-Pocket Claim will be approved.
- Your financial institution may file just one or both types of Claims, but if you intend to file a Documented Out-of-Pocket Claim in Part II, you must still complete Part I to verify that you are a Settlement Class Member.
- Please note that Settlement benefits will be distributed only after the Settlement is effective.

Materials to Gather to Complete a Fixed Payment Claim (Part I): The number of payment card accounts your financial institution issued that were identified as having been at risk as a result of the Data Security Incident in an alert: (i) in the MasterCard series ADC004939-US-18 (e.g., ADC004939-US-18-1, ADC004939-US-18-2, ADC004939-US-18-3, ADC004939-US-18-4, and ADC004939-US-18-5); (ii) in the Visa series US-2018-0169 (e.g., US-2018-0169a-PA, US-2018-0169b-PA, US-2018-0169c-PA, US-2018-0169d-PA, US-2018-0169e-PA, US-2018-0169f-PA, US-2018-0169g-PA, US-2018-0169h-PA, US-2018-0169i-PA, US-2018-0169j-PA, US-2018-0169k-IC, US-2018-0169l-IC, US-2018-0169m-IC, and US-2018-0169n-IC); or (iii) in a similar notice issued by Discover, the recipients of which were identified by Discover in discovery in the Action.

Materials to Gather to Complete a Documented Out-of-Pocket Claim (Part II): First, gather the same information identified immediately above and complete Part I to verify that you are a Settlement Class Member. Then, you will need to provide documentation to support the out-of-pocket expenses for which you seek reimbursement. Please read the following carefully:

PART I – FIXED PAYMENT CLAIM, CONTINUED

If you are unable to answer YES to any part of Question 1 then your financial institution is not a Settlement Class Member and is not eligible to participate in any part of this Settlement. Please do not submit a Claim Form.

SIGN THE CLAIM FORM BELOW

PART II – DOCUMENTED OUT-OF-POCKET CLAIM

COMPLETE THIS SECTION IF YOU WANT TO MAKE A DOCUMENTED OUT-OF-POCKET CLAIM. IF YOU ONLY WANT TO MAKE A FIXED PAYMENT CLAIM, YOU CAN SKIP THIS SECTION, BUT YOU STILL NEED TO SIGN YOUR CLAIM FORM BELOW.

For purposes of completing this section, please note that the maximum amount that a Settlement Class Member can receive for these claims is \$3,000. Depending on the amount of claims received, your claim may be reduced on a prorated basis.

<p>1. Were you able to state in Part I that your financial institution issued at least one Alerted-On Card? If the answer is no, your financial institution is not a Settlement Class Member. Please do not submit a Claim Form.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>2. Did your financial institution reimburse any of its customers/members for fraudulent activity on Alerted-On Payment Cards that was directly as a result of, and specifically associated with, the Hudson’s Bay Data Security Incident and which has not previously been reimbursed to your financial institution? If so, state the total amount you reimbursed to customers/members in the box: You will need to provide documentation. Please refer to the Instructions regarding acceptable documentation for a “Documented Out-of-Pocket Claim.” Attach the supporting documentation for your claim, including a document describing what you have attached for this claim. Clearly label the documentation (e.g., with a cover sheet).</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>\$ <input type="text"/></p>

SIGN THE CLAIM FORM BELOW

SIGN CLAIM FORM

By submitting this Claim Form, the above-named Settlement Class Member certifies that it is eligible to make a claim in this Settlement and that the information provided in this Claim Form is true and correct. The Duly Authorized Representative of the Settlement Class Member declares under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. The above-named Settlement Class Member understands 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 Settlement Class Member. The representative signing this form certifies that it has authority to submit the form on behalf of the above-named Settlement Class Member.

Signature of Duly Authorized Representative of Settlement Class Member

M	M	D	D	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Signed

Print Name

Title

CLAIM SUBMISSION REMINDERS

- You may submit your claim by mail or through the website at www.HBCFinancialInstitutionSettlement.com.
- Please keep a copy of this claim form if submitting by mail.
- If you are making a claim in Part II, please be sure to follow the Instructions and include the required types of documentation. Clearly label and describe the documentation (e.g., with a cover sheet).
- Claims must be submitted through the website by **FEBRUARY 17, 2022** or mailed so they are postmarked by **FEBRUARY 17, 2022**.