Caribou Financial Institution Data Breach Settlement c/o Analytics LLC P.O. Box 2005 Chanhassen, MN 55317-2005

Toll Free Number: 1-844-905-2994

CLAIM FORM

- Use this form if your financial institution is a Settlement Class Member that is entitled to claim pursuant to the Settlement. For more information: www.CariboulssuingBankSettlement.com.
- Fill out this form if your financial institution wants to receive a payment per eligible card. No documentation is needed. Materials to Gather to Complete this Form: The number of payment card accounts your financial institution issued that were identified as having been at risk as a result of the Caribou Data Breach in an alert or similar document by Visa or MasterCard.

PLEASE READ: YOU HAVE TWO OPTIONS FOR COMPLETING AND SUBMITTING THIS CLAIM FORM

- (1) COMPLETE AND SIGN THIS FORM ONLINE AT <u>WWW.CARIBOUISSUINGBANKSETTLEMENT.COM</u> NO LATER THAN **DECEMBER 22, 2020**; <u>OR</u>
- (2) COMPLETE AND SIGN THIS FORM AND SUBMIT IT BY MAIL POSTMARKED BY DECEMBER 22, 2020 TO:

Caribou Financial Institution Data Breach Settlement c/o Analytics LLC P.O. Box 2005 Chanhassen, MN 55317-2005

CERTIFICATION OF PAYMENT CARDS

Please complete all parts of the question below:

Is your financial institution the issuer of one or more payment cards that were identified in any of the categories of alerts or similar documents below? (Check All Applicable Boxes Below.)

If you checked "YES" for any category of alert(s) (or similar documents), indicate how many payment card accounts your financial institution issued that were identified in the referenced alert(s) or similar documents. For purposes of completing this form, please note that a payment card number can have only one corresponding payment card account, even if your financial institution issued multiple payment cards bearing the card number.

(a) Visa alert(s) in the US-2018-0449 series			☐ YES	□ №
	Number of Issued Accounts	Identified:		
(b) MasterCard alert(s) in the ADC006148-US-18 series			YES	□ №
	Number of Issued Accounts	Identified:		
If you did not answer YES to either category of alert, then your financial institution is not a Settlement Class Member and is not eligible to participate in this Settlement. Please do not submit a form.				
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.				
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Signature of Duly Authorized Representative of Settlem	nent Class Member	Date Signe	ed	
Print Name				

CLAIM SUBMISSION REMINDERS

- You may submit your claim by mail or online at www.CariboulssuingBankSettlement.com.
- · Please keep a copy of this claim form if submitting by mail.
- Claims must be submitted through the website by December 22, 2020, or mailed so they are postmarked, by December 22, 2020.