

Your claim must be submitted online or postmarked by: **JULY 27, 2026**

CLAIM FORM FOR
MASTERMINDS DATA SETTLEMENT

Faber v Masterminds, Inc., Case No. L00332225
Superior Court of New Jersey, Atlantic County

**Masterminds
Data Settlement**

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Settlement Administrator identified you as an individual to whom written notification was provided by Masterminds, Inc. on or around June 3, 2025, regarding the Data Incident.

To receive any Settlement benefits, you must submit the Claim Form below by JULY 27, 2026.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.MastermindsDataSettlement.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:

Masterminds Data Settlement
c/o Settlement Administrator
PO Box 2002
Chanhassen, MN 55317-2002

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Claim Number and PIN provided on your Postcard Notice:

Claim Number

PIN

III. IDENTITY THEFT PROTECTION

All Settlement Class Members are eligible to claim one (1) year of three-bureau credit monitoring with at least \$1,000,000 in identity theft protection insurance.

Check this box if you wish to receive one (1) year of free identity protection and credit monitoring service.

IV. LOST TIME REIMBURSEMENT

All Settlement Class Members are eligible to receive reimbursement for up to four (4) hours of Lost Time at a rate of \$15.00 per hour (for a maximum total of \$60) for time spent responding to the Data Incident.

Hours claimed (up to 4 hours – check one box): 1 Hour 2 Hours 3 Hours 4 Hours

I swear and affirm that I spent the amount of time noted in response to the Data Incident.

V. DOCUMENTED ORDINARY AND/OR EXTRAORDINARY LOSSES

All Settlement Class Members are eligible for reimbursement of **ORDINARY** Losses, not to exceed \$500 per Settlement Class Member, resulting from unreimbursed, third-party documented, out-of-pocket expenses that were incurred as a result of the Data Breach on or after mailing of the notice of data breach through the date of claim submission. Third-party documentation supporting claimed Ordinary Losses is REQUIRED.

Check this box if you are claiming **ORDINARY** loss expenses in the amount of \$_____.

All Settlement Class Members are eligible for reimbursement of **EXTRAORDINARY** Losses, not to exceed \$3,000 per Settlement Class Member, supported by third-party documentation, and that satisfy the following requirements: (i) the loss is an actual, documented, and unreimbursed monetary loss stemming from fraud or identity theft; (ii) the loss from fraud or identity theft was more likely than not caused by the Data Breach; (iii) the loss from fraud or identity theft was incurred after the date of the Data Breach; (iv) the loss from fraud or identity theft is not already covered by one or more of the other reimbursement categories; and (v) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. Third-party documentation supporting claimed Extraordinary Losses is REQUIRED.

Check this box if you are claiming **EXTRAORDINARY** loss expenses in the amount of \$_____.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	06 - 17 - 22 M M D D Y Y	\$ 500.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	02 - 28 - 23 M M D D Y Y	\$ 300.00	Copy of the professional services bill
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VI. ALTERNATIVE CASH PAYMENT

All Settlement Class members are eligible to receive a cash payment of \$50 as an alternative to claiming any other Cash Benefit. If you claim the Alternative Cash Payment, you can also claim Credit Monitoring Services. You are **not** entitled to this Alternative Cash Payment if you claimed under Sections IV (Lost Time), and/or V (Documented Losses).

Check this box if you wish to receive a cash payment of \$50 as an alternative to any other Cash Benefit.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

Signature

Printed Name

Date Signed

**TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT
WWW.MASTERMINDSDATASETTLEMENT.COM NO LATER THAN JULY 27, 2026.**