**WHO IS A SETTLEMENT CLASS MEMBER?**
You have been identified as a Settlement Class Member in the lawsuit *Faber v Masterminds, Inc*., Case No. L00332225 (Superior Court of New Jersey, Atlantic County) because you were provided written notification by Masterminds, Inc., on or around June 3, 2025, regarding the Data Incident.

**WHAT ARE THE SETTLEMENT BENEFITS?**
Under the Settlement, Defendant has agreed to pay Valid Claims. As a Settlement Class Member, you are eligible to submit claims for the following: (i) one (1) year of three-bureau Credit Monitoring Services with at least $1,000,000 in identify theft insurance; (ii) up to $3,000 for reimbursement in documented, unreimbursed losses arising out of or related to identity theft ("Extraordinary Losses"); (iii) up to $500 for reimbursement for documented out-of-pocket expenses resulting from the Data Incident ("Ordinary Losses"); (iv) up to 4 hours of lost time at $15 per hour for time spent in response to the Data Breach ("Lost Time); **OR** (v) a $50 cash payment as an alternative to all other Cash Benefits ("Alternative Cash Payment"). Full details and instructions are available at www.MastermindsDataSettlement.com.

**WHAT ARE YOUR RIGHTS AND OPTIONS?**
**Submit a Claim Form.** To receive Settlement benefit(s), you must timely submit a Claim Form, available online at www.MastermindsDataSettlement.com. Your Claim Form must be postmarked or submitted online no later than **JULY 27, 2026**. Claims will be subject to a verification process.

**Opt Out.** You may exclude yourself from the settlement and retain your ability to sue Masterminds on your own by mailing a written request for exclusion to the Settlement Administrator that is postmarked no later than **JUNE 26, 2026**. If you do not exclude yourself, you will be bound by the settlement terms and give up your right to sue regarding the settled claims.

**Object.** If you do not exclude yourself, you have the right to object to the settlement. Written objections must be signed, postmarked no later than **JUNE 26, 2026**, and provide the reasons for the objection. Please visit the Settlement Website at www.MastermindsDataSettlement.com for more details.

**Do Nothing.** If you do nothing, you will not receive Settlement benefits and will lose the right to sue regarding any issues relating to this action. You will be bound by the Court's decisions because this is a conditionally certified class action.

**WHO REPRESENTS ME?**
The Court has appointed Brittany Resch of Strauss Borrelli PLLC to represent the Settlement Class ("Class Counsel").

**WHEN WILL THE COURT APPROVE THE SETTLEMENT?**
The Court will hold a hearing in this case on August 14, 2026, at 2:00 pm, to consider whether to approve the Settlement. The Court will also consider Class Counsel's request for attorneys' fees and costs of up to $100,000, and $2,500.00 for the Plaintiff. You may attend the hearing at your own cost, but you do not have to.

**THIS NOTICE IS ONLY A SUMMARY.**
**FOR MORE INFORMATION VISIT**
**WWW.MASTERMINDSDATASETTLEMENT.COM.**

POSTAGE
REQUIRED

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

# Masterminds Data Settlement

Complete this Claim Form, tear at the perforation, and return by U.S. Mail no later than **JULY 27, 2026.**

NAME: _____

ADDRESS: _____

**CREDIT MONITORING SERVICES**

☐ Check this box if you would like to claim free **Credit Monitoring Services**.

**CASH BENEFITS**

☐ Check this box if you would like to claim reimbursement for **Ordinary Losses** in the amount of $_____.
Supporting documentation is REQUIRED.

☐ Check this box if you would like to claim reimbursement for **Extraordinary Losses** in the amount of $_____.
Supporting documentation is REQUIRED.

☐ Check this box if you would like to claim reimbursement for **Lost Time** spent responding to the Data Security Incident.
How many hours are you claiming? ☐ 1 hour ($15) ☐ 2 hours ($30) ☐ 3 hours ($45) ☐ 4 hours ($60)
☐ I swear and affirm that I spent the amount of time noted in response to the Data Breach.

**ALTERNATIVE CASH PAYMENT**

☐ Check this box if you wish to receive a **cash payment of $50**.
You are **not** entitled to this Alternative Cash Payment if you have checked any of the above Cash Benefits.

**ATTESTATION & SIGNATURE**

**I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim can be deemed complete and valid.**

**Signature (REQUIRED):** _____

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

NOTICE OF CLASS ACTION SETTLEMENT

**You may be entitled to submit a claim for monetary compensation under a class action settlement.**

**www.MastermindsDataSettlement.com**