

**YOUR CLAIM FORM
MUST BE SUBMITTED ON
OR BEFORE
SEPTEMBER 17, 2025**

Mailing Address:
In re Netgain Technology, LLC, Consumer
Data Breach Litigation
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

In re Netgain Technology, LLC, Consumer Data Breach Litigation

United States District Court for the District of Minnesota (Case No. 21-cv-1210 (SRN/LIB))

CLAIM FORM

**SAVE TIME BY SUBMITTING YOUR CLAIM ONLINE AT
WWW.NETGAINCLASSACTIONSETTLEMENT.COM**

GENERAL CLAIM FORM INFORMATION

You may complete and submit this Claim Form online or by mail if you are a Settlement Class Member. The Settlement Class consists of all individuals who reside in the United States and who potentially had their personal or health-related information disclosed to an unauthorized third party between September 2020 and November 2020 in the course of a data breach on Netgain Technology, LLC (“Netgain”), which group shall be identified as (the “Settlement Class”).

If you are a Settlement Class Member and wish to submit a Claim for a settlement cash payment, please provide the information requested below. You must submit your Claim via the Settlement Website by the Claims Deadline of **September 17, 2025**, or complete and mail this Claim Form to the Settlement Administrator, postmarked by **September 17, 2025**.

Settlement Class Members who submit a timely and valid Claim Form will be eligible to receive 1) Documented Ordinary Losses; and 2) Attested Time Spent **OR** an Alternative Cash Payment:

- **Documented Ordinary Losses and Attested Time Spent** – Up to \$5,000 for documented out-of-pocket expenses fairly traceable to the Data Incident and reimbursement for time spent remediating issues related to the Data Incident. Recovery for Attested Time Spent will be capped at 3 hours at \$25.00 per hour.
- **Alternative Cash Payment** – *A pro rata* (a legal term meaning an equal share) payment from the net Settlement Fund, which is \$1,900,000 minus payment of costs of the Settlement including costs of the Notice Program and Claims Administration, Attorneys’ Fees and Expenses up to 33 1/3% of the Settlement Fund, Service Awards of up to \$1,500 each to the Representative Plaintiffs, and payments for claims for Ordinary Losses and Attested Time Spent. Note that if the costs of the settlement, fees, awards, and claims exceed the Settlement Fund, individuals selecting this option may not receive any payment.

Please Note: Claims for Documented Ordinary Losses and Attested Time Spent will be limited to \$5,000 combined. All cash payments may be adjusted *pro rata* depending on the number of Class Members that participate in the Settlement.

The Notice includes only a summary of your legal rights and options. Please visit the official Settlement Website, www.NetgainClassActionSettlement.com, or call 1-888-678-2591 for more information.

TO SUBMIT A CLAIM FOR PAYMENT BY MAIL:

1. Complete Settlement Class Member Information and section(s) relevant to relief requested of this Claim Form.
2. Sign the Claim Form.
3. Submit the completed Claim Form to the Settlement Administrator so that it is postmarked by **September 17, 2025**.

This Claim Form should only be used if a Claim is being mailed and is not being filed online. You may go to www.NetgainClassActionSettlement.com to submit your Claim online, or you may submit this Claim Form by mail to the address at the top of this form.

Payment will be mailed in the form of a check to the address you provide below. If you would like to receive a payment electronically (e.g., via Venmo, PayPal, or ACH), you must submit a Claim Form online at www.NetgainClassActionSettlement.com.

1. Settlement Class Member Information

*First Name

MI

*Last Name

*Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

*City

*State

*Zip Code

Zip4 (Optional)

@

*Current Email Address

(____) ____ - ____
Current Phone Number (Optional)

2. Documented Ordinary Out-of-Pocket Expenses

You can receive reimbursement for up to \$5,000.00 for documented unreimbursed out-of-pocket expenses fairly traceable to the Data Incident. You must attach documents to your Claim Form that show what happened and how much you lost or spent so that you can be repaid. This may include receipts or other documentation. "Self-prepared" documentation such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but may be considered to add clarity or support to other submitted documentation.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date of Expense	Description of Expense or Money Spent and Supporting Documents (Identify what you are attaching and why it's related to the Data Incident)
Unreimbursed Bank Fees <i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees</i>	\$ _____ . ____ ____ - ____ - ____ MM DD YYYY	_____ _____ _____
Long Distance Phone Charges <i>Example: Phone bill with charges</i>	\$ _____ . ____ ____ - ____ - ____ MM DD YYYY	_____ _____ _____
Unreimbursed Credit Card Fees <i>Example: Credit Card Statement</i>	\$ _____ . ____ ____ - ____ - ____ MM DD YYYY	_____ _____ _____
Unreimbursed Credit Monitoring <i>Examples: Costs of credit report(s), credit monitoring, and/or other identity theft insurance products purchased</i>	\$ _____ . ____ ____ - ____ - ____ MM DD YYYY	_____ _____ _____
Other Losses or Costs Resulting from Identity Theft or Fraud <i>Examples: Include but are not limited to, the cost of postage, gas for local travel, or interest on payday loans due to card cancelation(s)</i>	\$ _____ . ____ ____ - ____ - ____ MM DD YYYY	_____ _____ _____

3. Cash Payment: Lost Time

If you spent time monitoring accounts, reversing fraudulent charges, or otherwise dealing with the aftermath/cleanup of the Data Incident, you may be reimbursed for your time. The total amount you may receive for Documented Ordinary Losses and Attested Time Spent will be limited to \$5,000 combined. The maximum you may receive for Attested Time Spent is 3 hours at \$25.00 per hour.

Hours lost as a result of the Data Incident	Description of the activities performed during the time claimed and their connection to the Data Incident
_____ Hours	<hr/> <hr/> <hr/>

4. Alternative Cash Payment

If you do not want to claim reimbursement for Ordinary Losses or Time Spent, you may instead claim a *pro rata* (a legal term meaning equal share) payment from the Net Settlement Fund after all costs associated with the Settlement have been paid. If all costs and payments exceed the Settlement Fund amount, this option could result in no payment.

☐ I would like to claim a pro rata Alternative Cash Payment.

5. Certification

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

_____/_____/_____
Signature Date (mm/dd/yyyy)

Print Name

Please keep a copy of your completed Claim Form for your records.

Mail your completed Claim Form to the Settlement Administrator:
In re Netgain Technology, LLC, Consumer Data Breach Litigation
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
or submit your Claim online at
www.NetgainClassActionSettlement.com

It is your responsibility to notify the Settlement Administrator of any changes to your contact information after you submit your Claim. You can update your contact information by emailing
NetgainClassActionSettlement@cptgroup.com.