

CLAIM FORM

USE THIS FORM TO MAKE A CLAIM FOR LOST TIME PAYMENTS AND OUT-OF-POCKET EXPENSES PAYMENTS OR ALTERNATIVE CASH PAYMENT

For more information, call 1-844-699-4710 or visit the website www.AudienceviewDataSettlement.com

The DEADLINE to submit this Claim Form online (or mail it postmarked) is January 29, 2025

This claim form should be filled out online or submitted by mail if you received a notification from AudienceView Ticketing Corporation that your payment card information was or may have been compromised in the data security incident in or about February 2023 (the “Data Incident”), and you had out-of-pocket losses or lost time spent dealing with the Data Incident, or you wish to claim an alternative cash payment in lieu of any other benefits that may be available under the settlement. You may get a check or electronic payment if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment. The Settlement establishes a \$435,000 fund to compensate Settlement Class Members for their lost time and out-of-pocket losses as well as for the costs of notice and administration, certain taxes, service award payments, and attorney fee awards and costs as awarded by the Court.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, www.AudienceviewDataSettlement.com, or call 1-844-699-4710 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. The **DEADLINE** to submit this claim form online (or have it postmarked for mailing) is January 29, 2025.

*Si necesita ayuda en español, comuníquese con el administrador al
1-844-699-4710.*

1. CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Name: _____

Address: _____

Telephone: _____ Email: _____

2. PAYMENT ELIGIBILITY INFORMATION.

Please review the notice and Section III through V of the Settlement Agreement (available at www.AudienceviewDataSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed. Please provide as much information as you can to help us figure out if you are entitled to a settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of benefits you would like to claim. Categories include out-of-pocket losses that you had to pay as a result of the Data Incident, and time you had to spend dealing with the effects of the Data Incident. Alternatively, you may claim an alternative cash payment in lieu of any other benefits that may be available under this settlement.

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

a. **Out-of-Pocket Losses Resulting from the Data Incident:**

_____ I incurred unreimbursed charges as a result of the Data Incident.

Examples - unreimbursed costs, expenses, losses or charges incurred as a result of identity theft or identity fraud, or other possible misuse of your information; and/or other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long- distance telephone charges that were incurred on or after February 14, 2023 through January 29, 2025.

Total amount for this category \$ _____

If you are seeking reimbursement for fees, expenses, or charges, please attach a copy of a statement from the company that charged you, or a receipt for the amount you incurred.

If you are seeking reimbursement, please attach a copy of a receipt or other proof of purchase. (Note: By claiming reimbursement in this category, you certify that you incurred this cost primarily because of the Data Incident and not for any other purpose).

Supporting documentation must be provided. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

b. **Between one and four hours of documented time spent dealing with the Data Incident:**

_____ I certify that I spent time dealing with the effects of the Data Incident.

Examples – You spent valuable time calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed.

I certify that I spent the following amount of time in response to the Data incident:

_____ hour(s) _____minute(s)

