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**Must be postmarked or  
submitted online  
NO LATER THAN  
AUGUST 29, 2025**

IN RE FORTRA DATA BREACH LITIGATION  
SETTLEMENT ADMINISTRATOR  
P.O. BOX 5569  
PORTLAND, OR 97228-5569  
[www.FortraDataSettlement.com](http://www.FortraDataSettlement.com)

**In re Fortra File Transfer Software Data Security Breach Litigation  
Case No. 24-md-03090-RAR (United States District Court for the Southern District of Florida)**

**SETTLEMENT BENEFITS – WHAT YOU MAY GET**

The easiest way to submit a Claim is online at [www.FortraDataSettlement.com](http://www.FortraDataSettlement.com), or you can complete and mail this Claim Form to the mailing address above.

**You may submit a Claim Form for one or more of these Settlement Class Member Benefits:**

**Cash Reimbursement.** Use Sections 3-7 of this Claim Form to request money, subject to a *pro rata* (a legal term meaning equal share) adjustment up or down based upon the total value of all Valid Claims, for one or more of the following:

1. **Cash Payment A – Documented Losses:**

- **Compensation for Documented Losses:** You may submit a Claim Form with reasonable Documented Losses related to the Data Incident for up to \$5,000 per Settlement Class Member. Examples of reasonable documentation include telephone records, correspondence (including emails), and receipts. Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be used to provide clarification, context, or support for other submitted reasonable documentation. You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source.

**OR**

2. **Cash Payment B – Alternative Cash Payment:** Instead of selecting Cash Payment A, you may elect to receive a cash payment in the estimated amount of \$85, without providing documentation.

**AND**

3. **Dark Web Monitoring:** In addition to Cash Payment A or Cash Payment B, use Section 2 of this Claim Form to request Dark Web Monitoring services.

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**Claims must be submitted online or mailed and postmarked by August 29, 2025. Use the address at the top of this form for mailed Claim Forms.**

**Please note:** The Settlement Administrator may contact you to request additional documents to process your Claim Form. Cash Payment B – Alternative Cash Payments may be subject to a *pro rata* increase from the Settlement Fund in the event the amount of Valid Claims is insufficient to exhaust the entire Net Settlement Fund. Similarly, in the event the amount of Valid Claims exhausts the amount of the Net Settlement Fund, the amount of the Cash Payment B – Alternative Cash Payments may be reduced *pro rata* accordingly. For purposes of calculating the *pro rata* increase or decrease, the Settlement Administrator must distribute the funds in the Settlement Fund first for payment of Dark Web Monitoring, then for Cash Payment A – Documented Losses, and then for Cash Payment B – Alternative Cash Payment. Any *pro rata* increases or decreases to Cash Payments will be on an equal percentage basis.

For more information and complete instructions visit [www.FortraDataSettlement.com](http://www.FortraDataSettlement.com).

**Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final. Thank you for your patience.**

Questions? Visit [www.FortraDataSettlement.com](http://www.FortraDataSettlement.com) or call 1-888-820-3075



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### 1. Your Information

**1. NAME (REQUIRED):**

First Name

MI

Last Name

**2. MAILING ADDRESS (REQUIRED):**

Street Address

Apt. No.

City

State

ZIP Code

**3. PHONE NUMBER:**

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**4. EMAIL ADDRESS (REQUIRED):**

**5. UNIQUE ID:**

### 2. Dark Web Monitoring Services

*You may be eligible to receive free Dark Web Monitoring services.*

All Settlement Class members are eligible to claim one year of Dark Web Monitoring services.

*Please select the checkbox if you want the Dark Web Monitoring services for which you are eligible.*

**Dark Web Monitoring Services:** I want to receive one year of Dark Web Monitoring services.

*If you select this option, you will be sent instructions and an activation code after the Settlement is final to the email address or home address listed above. Enrollment in this service will not subject you to marketing for additional services or any required payments.*



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### 3. Cash Payment A: Documented Losses

You may submit a Claim Form with reasonable documentation for losses related to the Data Incident for up to \$5,000 per Settlement Class Member.

Examples of expenses incurred as a result of the Data Incident, include (without limitation) bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, gasoline for local travel and fees for credit reports, credit monitoring, or other identity theft insurance products purchased between January 30, 2023, and August 29, 2025.

Examples of reasonable documentation include (but are not limited to) telephone records, correspondence (including emails), and receipts. Personal certifications, declarations, or affidavits from the Settlement Class Member do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation. **You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source.**

In order to be properly reimbursed, it is important to send documents that show what happened and how much was lost or spent.

If you do not submit reasonable documentation supporting a loss, or if your Claim Form is invalid as determined by the Settlement Administrator, and you do not cure your Claim Form, your Claim Form will be denied and your Claim Form for Cash Payment A will instead be processed as if you elected Cash Payment B.

To look up more details about how Cash Payments work, visit [www.FortraDataSettlement.com](http://www.FortraDataSettlement.com) or call toll-free 1-888-820-3075.

*By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data breaches.*

Loss Type and Examples of Documents	Amount and Date	Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Data Security Incident)
<p>Costs due to the Data Incident related to credit monitoring purchases/ freezing/unfreezing between January 30, 2023, and August 29, 2025.</p> <p><i>Examples: Receipts; notices; account statements reflecting payment for a credit freeze.</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>MM DD YYYY</p>	<hr/> <hr/> <hr/> <hr/>
<p>Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information between January 30, 2023, and August 29, 2025, which are fairly traceable to the Data Security Incident.</p> <p><i>Examples: Account statements with unauthorized charges circled; police report; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges; receipts for your credit monitoring services purchase.</i></p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>MM DD YYYY</p>	<hr/> <hr/> <hr/> <hr/>

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<p>Other expenses such as notary, fax, postage, copying, mileage, long-distance telephone charges, and professional fees related to the Data Security Incident.</p> <p><i>Examples: Phone bills; receipts; detailed list of each address you traveled to (i.e. police station, IRS office), reason why you traveled there (i.e., police report or letter from IRS re: falsified tax return), and number of miles you traveled.</i></p>	<p>\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> • <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/> MM DD YYYY</p>	<hr/> <hr/> <hr/> <hr/>
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**4. Cash Payment B: Alternative Cash Payment**

Settlement Class Members who do not request compensation under Cash Payment A may elect to receive an alternative cash payment in the estimated amount of \$85. You may not request both compensation under Cash Payment A and the alternative payment under Cash Payment B.

**I am requesting a flat payment in the estimated amount of \$85. I am NOT requesting reimbursement of any documented losses.**

**5. How You Will Receive Your Payment**

If you submit a timely and Valid Claim for payment, and if your Claim and the Settlement are finally approved, an email prompting you to elect your method of payment will be sent from [noreply@epiqpay.com](mailto:noreply@epiqpay.com) to the email address you provided on this Claim Form. Several electronic payment options will be available, including Venmo, ACH, PayPal, or check. Please allow 1-2 days for the delivery of electronic payments and 3-4 weeks for the delivery of checks.

Please ensure you have provided a current and complete email address. If you do not provide a current and valid email address, if you do not open your email, or if your electronic payment does not go through due to wrong or incomplete information, the Settlement Administrator will attempt to send you a check, relying on your physical address on file.

**6. Signature**

I affirm under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my Claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the Settlement Administrator before my Claim is complete.

	<p><b>Date:</b> <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/> MM DD YYYY</p>
<b>Signature</b>	
<b>Print Name</b>	