

GENERAL INSTRUCTIONS

If your Personally Identifiable Information may have been affected by a Data Security Incident detected on August 26, 2024, involving North American Breaker Company, LLC (“NABCO”), you may submit a claim for settlement benefits, outlined below. Please refer to the Long-Form Notice posted on the Settlement Website www.NABCOdatanotice.com, for more information on submitting a Claim Form.

To receive compensation for Out-of-Pocket Losses or a cash payment, you MUST submit the Claim Form below, which can also be done electronically at www.NABCOdatanotice.com by July 22, 2026

This Claim Form may also be 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:

Pilavian v. North American Breaker Company, LLC
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623

You may submit a claim for the following benefits:

- 1) **Out-of-Pocket Expense Reimbursement:** Compensation from the Settlement Fund, up to a total of \$3,000 per Settlement Class Member, upon submission of an Approved Claim and supporting documentation, for Out-of-Pocket Losses incurred as a result of the Data Security Incident; and
- 2) **Pro Rata Cash Payment:** The remainder amount of the Settlement Fund allocated for Settlement Class Member benefits will be distributed as a residual *pro rata* cash payment to Settlement Class Members who submit a Valid Claim for this benefit using the Claim Form. Each Claimant who selects this benefit will receive one (1) share of the Settlement Remainder, and each Claimant that is a California Resident will receive two (2) total shares of the Settlement Remainder. Claimants who submit a claim for Out-Of-Pocket Expenses Reimbursement will automatically be deemed to have submitted a claim for one (1) share of the Settlement Remainder, unless they indicate on the Claim Form that they are a California resident and are seeking two (2) shares. To qualify as a California Resident for the purposes of this benefit, Settlement Class Members will have to provide proof of California residency. A sworn attestation shall satisfy the proof requirement for California residency.

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Claim payment through electronic transfer, please visit the Settlement Website at www.NABCOdatanotice.com and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT 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 Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (optional): _____ @ _____

Telephone Number: (_____) _____ - _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

- Check this box to certify that you are an individual whose Personally Identifiable Information (“PII”) may have been affected by the data incident detected by NABCO on August 26, 2024. PII includes names plus Social Security number.

Enter the CPT ID number provided on your Short Notice, or if you did not receive a Short Notice, the last four digits of your Social Security Number:

CPT ID: _____

Last Four Digits of Social Security Number: XXX-XX- _____

IV. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

Claimants may submit a claim for up to a total of \$3,000 of documented out-of-pocket expenses fairly traceable to the Data Security Incident. These claims are subject to a potential pro rata decrease depending on how many Claimants make Valid Claims for out-of-pocket expense reimbursement and the amount of those claims. All claims must be supported by reasonable documentation as described below.

To be eligible for reimbursement, *Out-of-Pocket Expenses must have been incurred* as a direct result of the Data Security Incident and must satisfy all of the following criteria:

- (i) the loss is an actual, documented, and unreimbursed monetary loss;
- (ii) the loss was more likely than not caused by the Data Security Incident;
- (iii) the loss occurred between August 25, 2024, and the Claims Deadline; and
- (iv) the Claimant 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, but was not previously reimbursed for the claimed expense or loss.

You must submit documentation to obtain this reimbursement.

- I have attached documentation showing that the claimed losses were more likely than not caused by the Data Security Incident. I have submitted reasonable documentation supporting my claims. This can include receipts or other documentation that document the costs incurred, but does not include documentation that is “self-prepared”. “Self-prepared” documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Out-of-Pocket Expense	Amount of Out-of-Pocket Expense	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	06/17/26 (mm/dd/yy)	\$50.00	Copy of identity theft protection service bill
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	
	____/____/____ (mm/dd/yy)	\$ _____.	

V. PRO RATA SETTLEMENT FUND REMAINDER CASH PAYMENT (NON-CALIFORNIA RESIDENTS)

- If you wish to receive one (1) share of the *Pro Rata* Cash Payment, you may check off the box for this section, and then simply return this Claim Form.

You may request this benefit even if you did not incur Out-of-Pocket Expenses caused by the Data Incident. Claimants who submit a claim for Out-Of-Pocket Expenses Reimbursement will automatically be deemed to have submitted a claim for one (1) share of the Settlement Remainder, unless they indicate on the Claim Form that they are a California resident and are seeking two (2) shares.

VI. PRO RATA SETTLEMENT FUND REMAINDER CASH PAYMENT (CALIFORNIA RESIDENTS)

- If you **are a California Resident and/or resided in California on August 25, 2024**, and wish to receive two (2) total shares of the *Pro Rata* Cash Payment, you may check off the box for this section, sign the attestation at the end of this Claim Form (Section VII), and return this Claim Form. To qualify as a California Resident for the purposes of this benefit, you will have to provide proof of California residency. Here, your signed attestation shall satisfy the proof requirement for California residency. By checking this box you are attesting, under penalty of perjury, that you were a California resident on August 25, 2024. False attestations of California residency may result in denial of your claim and other penalties under applicable law.

You may request this benefit even if you did not incur Out-of-Pocket Expenses caused by the Data Incident.

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my knowledge and recollection, and that this form was executed on the date set forth below. I understand that my claim is subject to verification and that submission of false or fraudulent information may result in denial of my claim and other penalties under applicable law.

Signature

____ / ____ / ____
Date

Print Name