

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of documented out-of-pocket expenses, fraudulent charges, or lost time that you incurred as a result of the Data Incident. 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).

Documented Expense Reimbursement Resulting from the Data Incident: (not to exceed \$500 per Settlement Class Member)

Unreimbursed fees or other charges from your bank due to fraudulent activity on your card.

Examples - Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Total amount claimed for this category \$ _____

I have attached a copy of a bank or credit card statement or other proof of the fees or charges.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

Date reported _____

Description of the person(s) and/or companies to whom you reported the fraud:

Other incidental telephone, internet, postage, or gasoline (for local travel only) expenses directly related to the Data Incident.

Examples - 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)

Total amount claimed for this category \$ _____

I have attached a copy of the bill from my telephone or mobile phone company or internet service provider that shows the charges, receipts, or other proof of purchase of the fees or charges.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

Credit reports, identity theft insurance, or credit monitoring charges and/or other unreimbursed losses reasonably related to dealing with the effects of this Data Incident. Please specify in writing below what those losses are.

Examples - The cost of a credit report, identity theft insurance, or credit monitoring services that you purchased between November 24, 2021 and January 25, 2023.

Total amount claimed for this category \$ _____

I have attached a copy of a receipt or other proof of purchase for each credit report or product purchased.

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

If other please describe the loss incurred:

Between one (1) and three (3) hours of time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$20 per hour). You must attest that any claimed lost time was spent related to the Data Incident and provide a written description of how the claimed lost time was spent related to the Data Incident.

Examples – You spent at least one (1) full hour 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. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total.

Total number of hours claimed _____

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident.

Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here:

Documented Extraordinary Loss Reimbursement. If you wish to receive reimbursement of actual, documented, and unreimbursed losses (up to \$3,000) that were more likely than not caused by the Data Incident, occurred between November 24, 2021 and January 25, 2023, and not already covered by one or more of the other categories of Settlement benefits, describe the unreimbursed losses claimed (including the amount of each loss), sign the attestation at the end of this Claim Form, and attach supporting documentation (if you provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). By signing the attestation below, you are affirming that to the best of your knowledge and belief the claimed losses were more likely than not caused by the Data Incident.

Describe all actual, documented, and unreimbursed losses (including the amount of each loss and the total amount claimed) more likely than not caused by the Data Incident.

Description of Loss	Amount
TOTAL Amount Being Claimed:	

- I have attached documentation showing that the claimed losses were more likely than not caused by the Data Incident*
- Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.**

California Statutory Claim Benefit

If you are one of the approximately 1,064 California Resident Settlement Class members who received notice of the Data Incident, you are eligible to receive a \$50 cash payment upon written verification that you resided at a valid California address at the time of the Data Incident (between November 24-26, 2021).

- (Check this box to Verify) I hereby verify that I reside in California, that I received notice of the Data Incident from Spencer Gifts at my address in California, and that my address in California is as follows:**

_____ (Name)

_____ (Street Address)

_____ (City, State, Zip code)

Credit Monitoring

All Settlement Class Members who previously enrolled in the credit monitoring service previously offered by Spencer gifts shall have the term of their credit monitoring automatically extended by two (2) years. All Settlement Class Members who did not previously enroll in the credit monitoring product offered by Spencer Gifts are eligible to claim two (2) years of credit monitoring under the same service previously offered.

If you did not previously enroll in the credit monitoring product offered by Spencer Gifts, do you wish to sign up now?

- Yes, I want to sign up to receive free Credit Monitoring, and my email address is as follows:

Email Address: _____

If you select "YES" for this option, you will need to follow instructions and use an activation code that you receive after the Settlement is final. Credit Monitoring Protections will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address or, if you do not have an email address, to your home address listed on this Claim Form.

3. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned 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 I may be asked to provide supplemental information by the Claims Administrator or Claims Referee before my claim will be considered complete and valid.

Signature

Print Name

_____/_____/_____
Month/Day/Year (mm/dd/yyyy)

4. MAIL YOUR CLAIM FORM.

This Claim Form and all supporting documentation must be either submitted online at www.SpencersSettlement.com or postmarked by January 25, 2023 and mailed to:

Spencer's Settlement Administrator

c/o Postlethwaite & Netterville

PO Box 3314

Baton Rouge, LA 70821