

CLAIM FORM

This claim form should be filled out online or submitted by mail if you received a notification from Delta Delta Delta Fraternity, Delta Delta Delta Foundation, Delta Delta Delta Park Street Properties, or Delta Delta Delta National House Corporation that your personal information was or may have been compromised in the data security incident in or about March 2024 (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. 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 \$150,000 fund to compensate Settlement Class Members for their approved claims for benefits as well as for the costs of notice and administration, certain taxes, service award payment(s) as awarded by the Court, attorney fee awards and costs as awarded by the Court, and credit monitoring services.

The settlement notice describes your legal rights and options. Please visit the official settlement administration website, **www.TriDeltaDataSettlement.com**, or call **1-888-663-3771** 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 **February 3, 2025**.

Si necesita ayuda en español, comuníquese con el administrador 1-888-663-3771.

Class Member Information (All Information Is Required):

Name: _____

Address: _____

Telephone: _____ Email: _____

1. Payment Eligibility Information:

Please review the notice and Section III through V of the Settlement Agreement (available at **www.TriDeltaDataSettlement.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, time you had to spend dealing with the effects of the Data Incident, three years of credit monitoring and identity protection services.

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).

You are eligible to receive 3 years of credit monitoring and identity theft protection without having to file a claim. The code for this monitoring has previously been provided to you. For additional instruction on how to enroll in credit monitoring, please visit the settlement website.

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, falsified tax returns, or other possible misuse of your information; costs incurred on or after March 5, 2024 through February 3, 2025 associated with purchasing or extending additional credit monitoring or identity theft protection services and/or accessing or freezing/unfreezing credit reports with any credit reporting agency; other miscellaneous expenses incurred such as notary, fax, postage, copying, mileage and long-distance telephone charges that were incurred on or after March 5, 2024 through February 3, 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 for credit reports, credit monitoring, or other identity theft insurance product purchased between March 5, 2024, through February 3, 2025, please attach a copy of a receipt or other proof of purchase for each credit report or product purchased. (Note: By claiming reimbursement in this category, you certify that you purchased the credit monitoring or identity theft insurance product 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. You spent valuable time signing up for credit monitoring or identity theft protection services or freezing/unfreezing credit reports with any credit reporting agency.

I certify that the following amount of time in response to the Data incident rounded to the nearest whole hour:

____ hour(s)

c. Claim an alternative cash payment:

_____ I would like to claim an alternative cash payment.

The Settlement benefits include an alternative cash payment of \$75.00 in lieu of any other benefits which may be available under the settlement outlined above. **To be clear, this alternative cash payment will also be in lieu of the 3 years of credit monitoring.**

If you have selected a payment for Out-of-Pocket Losses, time you had to spend dealing with the effects of the Data Incident, or an Alternative Cash Payment, a physical check will be mailed to the address you provided above. If you would like to receive a digital payment, please submit your Claim Form online at www.TriDeltaDataSettlement.com.

2. 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 Settlement Administrator before my claim will be considered complete and valid.

_____	_____	___/___/___
Signature	Print Name	Date

3. Mail Your Claim Form or Submit Your Claim Form Online.

This claim form must be:

Postmarked by February 3, 2025, and mailed to: *Vaughan et al. v. Delta Delta Delta Fraternity et al.*, c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606; OR

Emailed by midnight on February 3, 2025, to TriDeltaDataSettlement@cptgroup.com; OR

Submitted through the Settlement Website by midnight on February 3, 2025, at: www.TriDeltaDataSettlement.com.