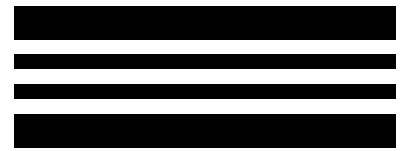
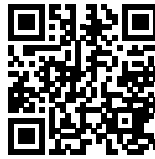


Hassell v. Spear Wilderman  
Settlement Administrator  
P.O. Box 301130  
Los Angeles, CA 90030-1130



VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

## SDI

«3of9 barcode »

«BARCODE»

Postal Service: Please do not mark barcode

SDI «Claim Number»

«FIRST1» «LAST1»

«ADDRESS LINE 1» «ADDRESS LINE 2»

«CITY», «STATE»«PROVINCE» «POSTALCODE»

«COUNTRY»

*Hassell v. Spear Wilderman, P.C.*

COURT OF COMMON PLEAS OF  
PHILADELPHIA COUNTY

Case ID 23:0401942

**Must Be Postmarked  
No Later Than  
November 27, 2023**

Claim ID: «Claim Number»

PIN: «PIN»

## Claim Form

### CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address

Primary Address Continued

City

State

ZIP Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

### GENERAL INSTRUCTIONS

If your Private Information (such as full name, driver's license or state ID number, passport number, date of birth, medical diagnosis/treatment information, financial account information and/or Social Security Number), was actually or potentially impacted during the 2021 Data Incident experienced by Spear Wilderman, you are a "Class Member." If you received a Notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Class Member.

As a Class Member, you are eligible to receive a cash payment and reimbursement of documented Out-of-Pocket Expenses that are fairly traceable to the Data Incident.

### CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes before the Settlement benefits are issued, you must notify the Settlement Administrator.

Area Code

Telephone Number (Home)

Area Code

Telephone Number (Mobile)



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**BENEFIT SELECTION**

You may select a cash payment and reimbursement for documented Out-of-Pocket Expenses that are fairly traceable to the Data Incident.

**Cash:** If you wish to receive a cash payment (estimated to be \$125.00) for, among other things, time spent remediating issues related to the Data Incident, fill in the circle below, provide the email address associated with your PayPal, Venmo, or Zelle account, sign, and submit or return this Claim Form. A check will be mailed to the address above or will be deposited in the PayPal, Venmo, or Zelle account provided below.

I would like to receive a Cash Payment.

\_\_\_\_\_

The email address associated with my PayPal account [OPTIONAL]

\_\_\_\_\_

The email address associated with my Venmo account [OPTIONAL]

\_\_\_\_\_

The email address associated with my Zelle account [OPTIONAL]

**Out-of-Pocket Expenses:** If you wish to receive reimbursement for Out-of-Pocket Expenses, indicate the total dollar amount of losses incurred as a result of the Data Incident, attach/include supporting documentation such as receipts, sign, and submit or return this Claim Form. You may claim up to \$1,500.00 inclusive of the Cash Payment amount. Out-of-Pocket Expenses include, but are not limited to, unreimbursed losses relating to fraud or identity theft; professional fees, including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Incident; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

\$ \_\_\_\_\_

Total Amount

NOTE: You must include documentation supporting your claim for Out-of-Pocket Expenses. This can include receipts or other documentation.

**SIGNATURE**

I swear and affirm that the foregoing is true and correct.

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

