

Arby's Settlement Administrator
P.O. Box 404097
Louisville, KY 40233-4097



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ARBY'S RESTAURANT GROUP, INC. DATA SECURITY LITIGATION

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA

Case No. 1:17-cv-1035 (N.D. Ga.)

**Must Be Postmarked
No Later Than
July 13, 2019**

Claim Form

IF YOU ARE FILING YOUR CLAIM ONLINE, you must do so at www.ArbySettlement.com by the deadline of July 13, 2019. To complete the online Claim Form, follow the online instructions on the website in answering the questions. To submit your supporting documentation, click on the online links in the questions on the website and upload a copy of the documentation in electronic format (e.g., .pdf, .doc, .jpg, etc.).

IF YOU ARE FILING YOUR CLAIM BY MAIL, you must complete this form in writing and mail it, postmarked, with a copy of your supporting documentation, by the deadline of July 13, 2019, to Arby's Settlement Administrator, P.O. Box 404097, Louisville, KY 40233-4097. **DO NOT** mail completed Claim Forms to the Court.

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Area code		Telephone number (home)		Area code		Telephone number (work)			
<input type="text"/>									
Email Address (if provided, we will communicate primarily by email about your claim)									



FOR CLAIMS PROCESSING ONLY	OR	<input type="text"/>	CB	<input type="text"/>	<input type="radio"/> DOC	<input type="radio"/> RED
					<input type="radio"/> LC	<input type="radio"/> A
					<input type="radio"/> REV	<input type="radio"/> B

ARE YOU A CLASS MEMBER?

1. Did you use a credit or debit card at an affected Arby's location during the "exposure window" for that particular location (the specific date range when that restaurant was affected)? Go to www.ArbysSettlement.com for locations and exposure windows.

<input type="radio"/> Yes (Proceed to the next question)	<input type="radio"/> No (You are not eligible to submit a claim and should not submit this form)
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2. What is the Arby's location where you made your purchase (list up to three), and on what date(s) did you make your purchase?

(go to www.ArbysSettlement.com to see a list of locations and restaurant numbers)

1. / /
 Restaurant Number Date(s) of Purchase

Address

 City State

2. / /
 Restaurant Number Date(s) of Purchase

Address

 City State

3. / /
 Restaurant Number Date(s) of Purchase

Address

 City State

3. Do you have proof of your purchase using a credit or debit card at an affected Arby's location during its exposure window? (Examples: purchase receipt, credit card statement, bank statement. You must submit a copy of your proof with this Claim Form.)

<input type="radio"/> Yes (submit a copy of your proof with this Claim Form)	<input type="radio"/> No (You are not eligible to submit a claim and should not submit this form)
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CLAIMS FOR CASH PAYMENT

4. After your purchase, did you incur a fraudulent charge on that credit or debit card, or was that credit or debit card cancelled, as a result of the Arby's data breach?

<input type="radio"/> Yes (Proceed to the next question)	<input type="radio"/> No (You are not eligible for a payment. Proceed to Question 7)
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5. Do you have documents supporting that you incurred the fraudulent charge on that card, or that it was cancelled, and that the fraud or cancellation occurred after your purchase, as a result of the Arby's data breach?

<input type="radio"/> Yes (submit a copy of your documents with this Claim Form)	<input type="radio"/> No (You are not eligible for a payment. Proceed to Question 7)
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6. Do you have documents supporting that you experienced out-of-pocket losses remedying issues relating to that fraudulent charge or card cancellation, as a result of the Arby's data breach?

<input type="radio"/> Yes (submit a copy of your documentation with this Claim Form) (Proceed to the chart below and provide all information requested for the losses you are claiming)	<input type="radio"/> No (You are not eligible for a payment. Proceed to Question 7)
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Loss Type (Circle in all that apply)	Date of Loss	Amount of Loss	Description of Supporting Documentation
<input type="radio"/> Costs and expenses spent addressing identity theft or fraud resulting from that fraudulent charge or card cancellation.			<i>Describe your supporting documentation here and submit a copy with this Claim Form.</i> <i>Examples: Receipt or account statement reflecting fuel costs for driving to bank or filing police report; Postage charges, long-distance phone charges, cell phone charges, or data charges directly related to addressing the impacts of the Arby's data breach; Receipt for hiring service to assist you in addressing identity theft.</i>
<input type="radio"/> Losses caused by restricted access to funds (i.e., costs of taking out a loan, ATM withdrawal fees) resulting from that fraudulent charge or card cancellation.			<i>Describe your supporting documentation here and submit a copy with this Claim Form.</i> <i>Examples: Account statement with ATM withdrawal fee highlighted; Loan agreement or bank statement with additional interest paid highlighted.</i>



<p>○ Preventative costs including purchasing credit monitoring, placing security freezes on credit reports, or requesting copies of credit reports for review resulting from that fraudulent charge or card cancellation.</p> <p><i>Note that losses in this category (a) must have been incurred between Feb. 9, 2017 and Sept. 14, 2018, and (b) cannot exceed \$150 per person.</i></p>			<p><i>Describe your supporting documentation here and submit a copy with this Claim Form.</i></p> <p><i>Example: Receipts or account statements reflecting purchases made for credit monitoring services or to place a credit freeze.</i></p>
<p>○ Late fees, declined payment fees, overdraft fees, returned check fees, customer service fees, and/or card cancellation or replacement fees resulting from that fraudulent charge or card cancellation.</p>			<p><i>Describe your supporting documentation here and submit a copy with this Claim Form.</i></p> <p><i>Example: Account statements reflecting overdraft fees.</i></p>
<p>○ Unauthorized charges on credit or debit card reasonably caused by the Arby's data breach that were not reimbursed or other fraud losses reasonably caused resulting from that fraudulent charge or card cancellation.</p>			<p><i>Describe your supporting documentation here and submit a copy with this Claim Form.</i></p> <p><i>The following is required to recover for this category of losses: (1) a copy of the statements that show the fraudulent charges, and (2) correspondence from financial institution declining to reimburse you for the charges.</i></p>
<p>○ Other documented losses that are not otherwise reimbursed (provide detailed description).</p>			<p><i>Describe your supporting documentation here and submit a copy with this Claim Form.</i></p>



Time spent remedying issues resulting from that fraudulent charge or card cancellation (you must choose between documented time or self-certified time)	Documented: I am submitting documents supporting the time I spent remedying issues resulting from that fraudulent charge or card cancellation.	Number of Hours Spent <input type="text"/> (max = 5 hours)	Describe your supporting documentation here and submit a copy with this Claim Form. <i>Example: Phone bill reflecting time spent on phone with bank. You may make a claim for up to 5 hours of documented time at \$15 per hour.</i>
	Self-Certified: I spent time remedying issues resulting from that fraudulent charge or card cancellation but do not have supporting documentation.	Number of Hours Spent <input type="text"/> (max = 2 hours)	No documentation required, but you must fill out and sign the statement below. You may make a Claim for up to <u>2 hours of undocumented time at \$15 per hour.</u> I certify that I spent (up to two) <input type="text"/> hours remedying issues resulting from the fraudulent charge or card cancellation that I incurred after using the card for a purchase at an affected Arby's location during its exposure window. SIGNED: _____

IDENTITY THEFT PROTECTION SERVICE

7. Are you already enrolled in an identity theft protection service, which is any service that, for example, provides you with a periodic copy of your credit report, monitors credit bureau files for indicators of fraud, helps to address credit fraud, and/or gives you identity theft insurance coverage?

<input type="radio"/> Yes (No enrollment code for the identity theft protection benefit under this settlement will be provided. Do not proceed to Question 8.)	<input type="radio"/> No (Proceed to Question 8.)
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8. Do you want to enroll in the identity theft protection service under this settlement at no expense to you for a period of up to 24 months?

<input type="radio"/> Yes (Enrollment codes will be distributed if and after the settlement is approved and becomes effective. Please be patient.)	<input type="radio"/> No (No enrollment code will be provided.)
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ATTESTATION AND SIGNATURE (required for all claims)

I do hereby swear (or affirm), under penalty of perjury, that the information provided above and submitted herewith is true and accurate to the best of my knowledge.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

REMINDER

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