

Instructions. Please follow the instructions below and answer the questions as instructed.

CASH PAYMENT

Would you like to receive a cash payment under the Settlement? (select one)

Yes **No**

****** *The Parties estimate that payments under this option will be approximately \$175 to the extent 10% of the roughly 10,912-person Settlement Class submit valid claims for pro rata cash payments. However, the value of payments under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, fees, and expenses (including costs for Credit and Identity Theft Monitoring). You do not need to suffer unreimbursed economic losses or expenses to receive this payment.*

COMPENSATION FOR DOCUMENTED OUT-OF-POCKET LOSSES

The Settlement also provides compensation for documented Out-of-Pocket Losses or expenses incurred on or after May 2024 as a result of the Data Incident, up to a maximum reimbursement of \$5,000. Examples of losses or expenses that can be reimbursed include, but are not limited to: (1) unreimbursed losses relating to fraud or identity theft; (2) professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; (3) costs associated with freezing or unfreezing credit with any credit reporting agency; (4) credit monitoring costs that were incurred on or after the Data Incident through the date of claim submission; and (5) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

To obtain reimbursement, you must provide a brief description of what the losses or expenses were for, and provide supporting third-party documentation, such as receipts, bank statements, or reports. Payments to Class Members are subject to a *pro rata* decrease following payment of other fees and expenses.

Did you suffer any financial expenses or losses that you believe were incurred as a result of the Data Incident? (select one)

Yes **No**

If you selected no, please proceed to the Credit and Identity Theft Monitoring portion of this Claim Form .

If you selected yes, for each loss or expense that you believe you incurred as a result of the Data Incident, please provide a short description of the loss, the date of the loss, and the type of documentation you will be submitting to support the loss. You must provide ALL of this information for this claim to be processed. **Supporting documents must also be submitted with this Claim Form.** "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. Please provide only copies of your supporting documents and keep all originals for your personal files.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation																							
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FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.SNBDataSettlement.com.

Credit and Identity Theft Monitoring

Would you like to receive three years of three-bureau Credit and Identity Theft Monitoring protection under the Settlement? (select one)

Yes No

**** *The provision of identity theft monitoring under this option will be increased or decreased pro rata based on the balance of the Settlement Fund after the payment of other benefits, fees, and expenses. You do not need to suffer unreimbursed economic losses or expenses to receive this payment.***

CLASS MEMBER AFFIRMATION

By submitting this Claim Form and signing my name below, I declare that I received notification from Summit National Bank or the Settlement Administrator that I am a potential Class Member. I declare under penalty of perjury that any losses or expenses identified above were suffered by me on or after May 2024, and that the information I provided is true and accurate to the best of my knowledge.

Signature: Date:
MM DD YY

TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE AT WWW.SNBDATESETTLEMENT.COM NO LATER THAN FEBRUARY 17, 2026