CLAIM FORM AND RELEASE

CIRCUIT COURT FOR MIAMI-DADE COUNTY, FLORIDA
Barry Alexander v. Community Realty Management, Inc.
Case No. 2026-009398-CA-01

CRM Data Incident Settlement
P.O. Box 25226
Santa Ana, CA 92799

1-833-421-7341
info@CRMDataSettlement.com
www.CRMDataSettlement.com

TO BE ELIGIBLE TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST BE A SETTLEMENT CLASS MEMBER.

The court has defined the Class this way: "All persons identified by Defendant as being among those individuals potentially impacted by the Data Incident, including all who were sent a notice of the Data Incident."

Excluded from the Settlement Class are: (1) all persons who are directors, officers, and agents of Defendant, or their respective subsidiaries and affiliated companies; (2) governmental entities; and (3) the Judge assigned to the Action, that Judge's immediate family, and Court staff.

You may submit your Claim Form through the Settlement Website, www.CRMDataSettlement.com, or by completing and signing this Claim Form.

Claims must be received by September 25, 2026.

Paper Claim Forms must be mailed through the United States Postal Service, so that they are received by the Claims Administrator **no later than September 25, 2026**. Please mail to:

Claims Administrator
CRM Data Incident Settlement
P.O. Box 25226
Santa Ana, CA 92799

Do not mail or deliver your Claim Form to the Court, the Settling Parties, or their counsel.

GENERAL INFORMATION

1. Complete information about the proposed Settlement is available at www.CRMDataSettlement.com.
2. If you submitted a request to be excluded from the Settlement, do not submit a claim.
3. Submit only one Claim Form, online or paper, per person.

AVAILABLE BENEFITS

All Class Members are eligible to enroll in **Credit Monitoring** and **one** of the **Cash Payment** options. These benefits are described in more detail below.

CREDIT MONITORING. All Class Members are eligible to enroll in two years of CyEx Financial Shield Complete. Enrollment codes have been sent to all Class Members by postcard. If you no longer have your enrollment code, please contact the Administrator.

This comprehensive service includes $1,000,000.00 of identity theft insurance with no deductible, and includes monitoring for:

- fraud or identity theft
- unauthorized financial transactions
- personal information associated with high-risk transactions

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

CASH PAYMENT OPTIONS

Cash Payment A – Documented Costs. If you incurred actual, documented unreimbursed out-of-pocket losses due to the Data Incident, you may receive up to **$2,000.00**. The losses must have occurred between September 10, 2024, and September 25, 2026.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

You need to send proof, like bank statements or receipts, to show how much you spent or lost. You can also send notes or papers you made yourself to explain or support other proof, but those notes or papers alone are not enough to make a valid claim. Your proof or notes should show that your expenses were because of the Data Incident. No payment shall be made for emotional distress, personal/bodily injury, or punitive damages, as all such amounts are not recoverable pursuant to the terms of the Settlement Agreement.

You cannot be reimbursed for expenses if you have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by Defendant or otherwise.

Cash Payment B – Alternate Cash. Instead of the benefits in *Cash Payment A*, you may claim a one-time *pro rata* cash payment. This payment is estimated to be **$20.00**, but may be larger or smaller depending on the total claims filed.

You do not have to provide any proof or explanation to claim this payment.

There is a Settlement Cap of $200,000.00 on these cash benefits. This means that if the total value of cash benefits claimed is over $200,000.00, everyone's payments will be reduced *pro rata* so that they add up to $200,000.00.

A full description of how this works is available in Settlement Agreement, at www.CRMDataSettlement.com.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

Online:	www.CRMDataSettlement.com
By email:	info@CRMDataSettlement.com
By toll-free call:	1-833-421-7341
By mail:	CRM Data Incident Settlement c/o Settlement Administrator P.O. Box 25226 Santa Ana, CA 92799-9958

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT www.CRMDataSettlement.com

You may also print out and complete this Claim Form, and submit it by U.S. mail.

An electronic image of the completed Claim Form can also be emailed to info@CRMDataSettlement.com

Claims must be received by September 25, 2026.

If you contact information changes after you submit your claim, notify the Claims Administrator.

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Please complete this entire section. The Claims Administrator will use this information to get in touch with you regarding your claim. If you contact information changes after you submit your claim, notify the Claims Administrator. **Please write legibly.**

Class Member First Name **MI**

Class Member Last Name

Entity Name (if Class Member is not an individual)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City **State** **ZIP**

Email Address

Telephone Number

- -

LoginID (if known)

II. CASH PAYMENT A – DOCUMENTED COSTS

☐ Check this box if you would like to claim reimbursement for documented unreimbursed losses due to identity theft or fraud. You can get back up to $2,000.00. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS FROM SECTION III**.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

III. CASH PAYMENT B – ALTERNATE CASH

☐ Check this box if you want to claim a one-time $20.00 cash payment. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS FROM SECTION II.**

IV. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

☐ **PAYPAL**

Email address associated with your PayPal account, if different than you provided in Section I:

☐ **VENMO**

Telephone number associated with your Venmo account, if different than you provided in Section I:

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☐ **ZELLE**

Email address associated with your Zelle account, if different than you provided in Section I:

OR

Telephone number associated with your Zelle account, if different than you provided in Section I:

- -

☐ **VIRTUAL PREPAID CARD**

Email address where you want to receive your prepaid card, if different than you provided in Section I:

☐ **PHYSICAL CHECK**

Payment will be mailed to the address provided in Section I.

V. ATTESTATION AND SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, including supporting documentation, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Class Member Signature

	MM	DD	YY

Please print or type your name on the line above.