Your claim must be submitted online or <u>postmarked by</u>: APRIL 30, 2024

STATE COURT OF GWINNETT COUNTY GEORGIA

A.M. and A.M. v. Reproductive Associates LLC and MYEGGBANK
North America LLC
Case No. 21-C-06178-S3

RBA/MEB

Claim Form

GENERAL INSTRUCTIONS

You are receiving this notice because your Personally Identifiable Information ("PII") and/or Protected Health Information ("PHI") was potentially compromised when a threat actor accessed the computer systems of Reproductive Associates LLC ("RBA") and MYEGGBANK North America LLC ("MEB") and files containing patients' PII and PHI sometime between April 7, 2021 and April 10, 2021 (the "Data Incident"), and RBA and MEB or their business associates provided you with the Notice of Data Incident published on June 15, 2021 (the "Notice of Data Incident"). Consequently, you are likely a Settlement Class Member and are eligible to complete this Claim Form.

Settlement Class Members may submit a claim for cash payment. The total net settlement proceeds after payment of attorney fees, expenses, service awards, settlement administration costs, and costs associated with Notice will be distributed to Settlement Class Members who timely submit a valid claim on a *pro rata* basis.

This Claim Form may be submitted electronically *via* the Settlement Website at www.RBASettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

A.M.v RBA Settlement c/o Atticus Administration PO Box 64053 Saint Paul MN 55164

Provide your name and contact information information changes after you submit this for		ent Administrator if your contact	
First Name	Last Nar	Last Name	
Street Address			
Street Address			
		7: 6 1	
City	State	Zip Code	
Email Address	Telephone Numbe	er	

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II. CLAIM FOR DAMAGES		
Check this box if you wish to make a c	laim for compensation of damages assoc	iated with the Data Incident.
III. PAYMENT OPTIONS		
Settlement Class Members whose Claim Forr via an electronic payment method or by chec of this Claim Form. If the email address you responsibility to provide accurate contact intentry of your mailed Claim Form, if you've or email to authenticate this selection and fine have a valid claim on file, at distribution a parameter (direct deposit), please substantial parameter (direct deposit).	ck. Please ensure you provide a current include with your submission becomes formation to the Settlement Administrate selected an electronic payment method alize the process. If the authentication paper check will be mailed. **If you'd limited.	t, valid email address in Section I is invalid for any reason, it is your ator to receive a payment. Upon I, you will receive a text message process is not completed, and you like to receive your payment via
Please select from <u>one</u> of the following paym	nent options:	
PayPal - Enter your PayPal email addres	s:	
Venmo - Enter the mobile number associ	iated with your account:	-
Zelle - Enter the mobile number or email	address associated with your account:	
Mobile Number:	or Email Address:	
Prepaid Card (eMastercard) - Payment	t will be provided to you in the form of	a prepaid card.
Physical Check - Payment will be maile	d to the address provided above.	
III. ATTESTATION & SIGNATURE		
I affirm that the information I have supplied that this form was executed on the date set fo		o the best of my recollection, and
I understand that all information provided or provide supplemental information by the Set valid.		
Signature	Printed Name	Date