



## CERTIFICATION OF PAYMENT CARDS

Please complete all parts of the question below:

**Is your financial institution the issuer of one or more payment cards that were identified in any of the categories of alerts or similar documents below?** (Check All Applicable Boxes Below.)

If you checked "YES" for any category of alert(s) (or similar documents), indicate how many payment card accounts your financial institution issued that were identified in the referenced alert(s) or similar documents. For purposes of completing this form, please note that a payment card number can have only one corresponding payment card account, even if your financial institution issued multiple payment cards bearing the card number.

<b>(a) Visa alert(s) in the US-2016-0665 series</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
Number of Issued Accounts Identified:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												
<b>(b) MasterCard alert(s) in the ADC001253-16 series</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
Number of Issued Accounts Identified:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												
<b>(c) Discover cards alert(s) in the DCA-USA-2016-6710 series</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
Number of Issued Accounts Identified:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												
<b>(d) JCB alert(s) or similar documents relating to the Eddie Bauer Cyber Attack</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO											
Number of Issued Accounts Identified:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												

**If you are unable to answer YES to any part of Question 1 then your financial institution is not a Settlement Class Member and is not eligible to participate in this Settlement. Please do not submit a form.**

## SIGN CLAIM FORM

By submitting this Claim Form, the above-named Settlement Class Member certifies that it is eligible to make a claim in this settlement and that the information provided in this claim form is true and correct. The Duly Authorized Representative of the Settlement Class Member declares under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. The above-named Settlement Class Member understands that this claim may be subject to audit, verification, and Court review.

_____ <b>Signature of Duly Authorized Representative of Settlement Class Member</b>	<table style="margin: 0 auto;"> <tr> <td style="text-align: center; padding: 0 5px;">M</td> <td style="text-align: center; padding: 0 5px;">M</td> <td style="text-align: center; padding: 0 5px;">D</td> <td style="text-align: center; padding: 0 5px;">D</td> <td style="text-align: center; padding: 0 5px;">Y</td> <td style="text-align: center; padding: 0 5px;">Y</td> <td style="text-align: center; padding: 0 5px;">Y</td> <td style="text-align: center; padding: 0 5px;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	M	M	D	D	Y	Y	Y	Y								
M	M	D	D	Y	Y	Y	Y										
_____ <b>Print Name</b>	<b>Date Signed</b>																
_____ <b>Title</b>																	

### CLAIM SUBMISSION REMINDERS

- You may submit your claim by mail or through the website at [www.EddieBauerDataBreachSettlement.com](http://www.EddieBauerDataBreachSettlement.com).
- Please keep a copy of this claim form if submitting by mail.
- Claims must be submitted through the website by **October 10, 2019**, or mailed so they are postmarked, by **October 10, 2019**.