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**Must be postmarked
or submitted online
NO LATER THAN
September 30, 2022**

CAPITAL ONE SETTLEMENT ADMINISTRATOR
P.O. BOX 4518
PORTLAND, OR 97208-4518
WWW.CAPITALONESETTLEMENT.COM

Capital One Data Breach Claim Form

SETTLEMENT BENEFITS – WHAT YOU MAY GET

If you are a U.S. resident whose information was accessed in the Capital One data breach announced on July 29, 2019, you may submit a claim.

The easiest way to submit a claim is online at www.CapitalOneSettlement.com, or you can complete and mail this claim form to the mailing address above.

You may submit a claim for one or more of these benefits:

Identity Defense Services: Use the claim form to request free Identity Defense Services.

Cash Reimbursement. Use the claim form to request money for one or more of the following:

1. **Reimbursement for Money You Spent.** If you spent unreimbursed money trying to avoid or recover from fraud or identity theft that you believe is fairly traceable to the Capital One data breach (Out-of-Pocket Losses), you can be reimbursed up to \$25,000 (including any claim for lost time). You must submit documents supporting your claim.
2. **Reimbursement for Lost Time.** If you spent time trying to avoid or recover from fraud or identity theft that you believe is fairly traceable to the Capital One data breach, you can get the greater of \$25 per hour or your documented hourly wage for up to 5 total hours, or up to 15 total hours if you provide supporting documents demonstrating a valid claim for out-of-pocket losses.

Restoration Services are an additional benefit that is separate from Identity Defense Services. No claim is required for Restoration Services, which can assist with fraud resolution. U.S. residents whose information was accessed in the Capital One data breach will be able to access Restoration Services for a period of at least 3 years once the settlement is final. More information is available at www.CapitalOneSettlement.com.

Claims must be submitted online or mailed by September 30, 2022. Use the address at the top of this form for mailed claims.

Please note: the settlement administrator may contact you to request additional documents to process your claim. Your cash benefit may decrease depending on the number and amount of claims filed.

For more information and complete instructions visit www.CapitalOneSettlement.com.

Please note that Settlement benefits will be distributed only after the Settlement is approved by the Court and becomes final.

If you make a claim for a cash payment in this claim form, after the settlement is approved, you will receive an email at the email address you provide, prompting you to select how you would like to be paid. You can receive your payment via a variety of digital options such as digital debit card or PayPal, or you can elect to receive a check.



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Your Information

We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@CapitalOneSettlement.com.

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Business:

Alternative Name(s) (If Any):

Unique ID (As shown on the notice you received):

Mailing Address (Required):

City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number:

 - -

Email Address:

Year of Birth (Required):



Free Identity Defense Services

You may be eligible to receive free Identity Defense Services.

You can receive free Identity Defense Services for at least three years. These services include:

- Dark web monitoring for your Social Security number, date of birth, address, driver’s license number, passport number, payment cards, email addresses, and other information;
- Identity monitoring with authentication alerts;
- Lost wallet protection;
- Security freeze capability in multiple categories: Credit – Experian, Equifax, TransUnion and Innovis; Specialty Finance – Sage Stream, Clarity DATAx and CoreLogic; Closed Checking and Savings accounts – Chex Systems; and Utilities – NCTUE
- \$1 million dollars in no-deductible insurance provided by a third-party insurer to cover certain costs related to identity theft or fraud;
- U.S.-based customer support specially trained in identity theft and fraud discovery and remediation; and
- Insight & tips for members on the user dashboard.

If your Social Security number or linked bank account number was impacted in the Data Breach, you received a notice of that fact from Capital One in 2019, and your Identity Defense Services will also include:

- Three-bureau Credit Monitoring with instant alerts; and
- a Monthly Credit Score.

Please select Option 1 if you want the Free Identity Defense Services for which you are eligible.

Option 1, Identity Defense Services: I want to receive free Identity Defense Services.

If you select this option, you will be sent instructions and an activation code after the settlement is final to your email address or home address. You won't be "upsold" any services by enrolling or otherwise asked to submit any payment for these services now or in the future.

Cash Payment: Money You Lost or Spent (Out-of-Pocket Losses)

If you lost or spent money trying to prevent or recover from fraud or identity theft that you believe is fairly traceable to the Capital One data breach and have not been reimbursed for that money (Out-of-Pocket Losses), you can receive reimbursement for up to \$25,000 total, including your claim for Lost Time, if any.

It is important for you to send documents that show what happened and how much you lost or spent, so that you can be reimbursed.

To look up more details about how cash payments work, visit www.CapitalOneSettlement.com or call toll-free 1-855-604-1811. You will find more information about the types of costs and losses that can be paid back to you, what documents you need to attach, and how the Settlement Administrator decides whether to approve your payment. *By filling out the boxes below, you are certifying that the money you spent doesn't relate to other data breaches.*

You may make as many copies of the claim form pages as necessary to list all of your expenses. If you need more space to list your costs and losses, please submit additional pages of this claim form to provide that information.



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Loss Type	Approximate Date of Loss	Amount of Loss
Costs for freezing or unfreezing your credit report on or after 3/22/2019	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Capital One breach) <i>Examples: Receipts, notices, or account statements reflecting payment for a credit freeze</i> <hr/> <hr/> <hr/>		
Credit monitoring and identity theft protection purchased between 3/22/2019 and the date of your claim submission	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Capital One breach) <i>Examples: Receipts or statements for credit monitoring services</i> <hr/> <hr/> <hr/>		
Costs, expenses, and losses due to identity theft, fraud, or misuse of your personal information on or after 3/22/2019 and that you believe are fairly traceable to the Capital One data breach	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Capital One breach) <i>Examples: Account statement with unauthorized charges highlighted; police reports; IRS documents; FTC Identity Theft Reports; letters refusing to refund fraudulent charges; credit monitoring services you purchased</i> <hr/> <hr/> <hr/>		
Professional fees paid to address identity theft on or after 3/22/2019 and that you believe are fairly traceable to the Capital One data breach	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Capital One breach) <i>Examples: Receipts, bills, and invoices from accountants, lawyers, or others</i> <hr/> <hr/> <hr/>		
Other expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges related to the data breach	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> MM DD YY	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Description of Loss or Money Spent and Supporting Documents (Identify what you are attaching, and why it's related to the Capital One breach) <i>Examples: Phone bills, receipts, detailed list of places you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled</i> <hr/> <hr/> <hr/>		



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Cash Payment: Lost Time

If you spent time trying to recover from fraud or identity theft that you believe is fairly traceable to the data breach, or if you spent time trying to avoid fraud or identity theft because of the data breach (placing or removing credit freezes on your credit files or purchasing credit monitoring services), complete the chart below. You can be compensated at the greater of \$25 per hour or, if you took time off work, your documented hourly wage.

If your claim for Lost Time is related to a valid, documented claim for Out-of-Pocket Losses, you may claim up to **15 hours**. You **must** describe the actions you took in response to the data breach and the time each action took.

If your claim for Lost Time is NOT related to a valid, documented claim for Out-of-Pocket Losses, but WAS time you spent trying to recover from fraud or identity theft that you believe is fairly traceable to the data breach, or time you spent to avoid fraud or identity theft because of the data breach, you may claim up to **5 hours**. You **must** describe the actions you took in response to the data breach.

By filling out the boxes below, you are certifying that the time you spent doesn't relate to other data breaches.

Reimbursement Rate for Lost Time

Your Reimbursement Rate for approved Lost Time will be \$25/hour unless you took time off work, and you provide documentation showing that your wage rate is higher than \$25/hour. Documents showing a wage rate higher than \$25/hour could include a recent paystub or other printed payroll documentation.

Please select either Option 1 or Option 2 below, but not both.

Option 1, Standard \$25/hour Reimbursement Rate:

If you select this option, you do not need to provide documentation of your wage rate.

Option 2, Reimbursement Rate higher than \$25/hour: I certify that my hourly wage rate is

\$ •

and that I took time off work to respond to the data breach. In support of this certification, I provide the following documentation:



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Approx. Date(s)	Number of Hours and Minutes	Supporting Documentation? (Y/N)	Explanation of Lost Time (Identify what you did and why)
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </div> </div> <p style="text-align: center;">through</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </div> </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> Hour(s) </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> Minute(s) </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/> <hr/> <hr/> <hr/>
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </div> </div> <p style="text-align: center;">through</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </div> </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> Hour(s) </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> Minute(s) </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/> <hr/> <hr/> <hr/>
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </div> </div> <p style="text-align: center;">through</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> MM </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> DD </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY </div> </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> Hour(s) </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> Minute(s) </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/> <hr/> <hr/> <hr/>

Signature

I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.

I understand that I may be asked to provide more information by the settlement administrator before my claim is complete.

Signature

Date: - -

MM DD YYYY

Print Name