

BOSLEY, INC. SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you were notified by mail of the Data Incident announced by Bosley, Inc. (“Bosley”) in 2021, and you had unreimbursed out-of-pocket expenses, unreimbursed extraordinary monetary losses, or lost time dealing with the aftermath of the Data Incident. You may get a check if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. To obtain the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement Website, www.BosleySettlement.com, or call toll-free 1-888-281-3953.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, www.BosleySettlement.com, and follow the instructions on the “Submit Claim” page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to Bosley Settlement, c/o CPT Group Inc., 50 Corporate Park, Irvine, CA 92606, postmarked by **July 7, 2022**. Please print clearly in blue or black ink.

1. CLASS MEMBER INFORMATION

Required Information:

First: _____ M: _____ Last: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Country: _____

Phone: _____

E-mail: _____

2. PAYMENT ELIGIBILITY INFORMATION

To prepare for this section of the Claim Form, please review the Settlement Notice and Sections 1.3, 1.4, 1.27, 1.28, 1.29, 1.30, and 2 of the Settlement Agreement (available for download at www.BosleySettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

To help us determine if you are entitled to a settlement payment, please provide as much information as possible.

A. Verification of Class Membership

You are only eligible to file a claim if you were notified by mail of the Data Incident announced by Bosley in 2021, you were residing in the United States at the time of the Data Incident, and your personally identifiable

information (PII) was potentially compromised in the Data Incident. Additionally, you are only eligible to file a claim for a California statutory damages award if you were residing in California at the time of the Data Incident.

By submitting a claim and signing the certification below, you are verifying that you were notified by mail of the Data Incident announced by Bosley in 2021.

In addition, to allow the Claims Administrator to confirm your membership in the Class, you must provide either:

(1) The unique CPT ID provided in the Notice you received by postcard or email;

or

(2) Name and one of the following: (a) physical address you provided to Bosley for hair restoration services, employment, or inquiries for the same or (b) e-mail address provided to Bosley for hair restoration services, employment, or inquiries for the same.

Thus, please **EITHER**:

(1) Provide the unique CPT ID provided in the Notice you received: _____

OR

(2) Provide your name _____ and one of the following:

(a) physical address as provided to Bosley for hair restoration services, employment, or inquiries for the same: _____, or

(b) e-mail address as provided to Bosley for hair restoration services, employment, or inquiries for the same: _____.

B. Out-Of-Pocket Expenses

Check the box for each category of out-of-pocket expenses or lost time that you incurred as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation as described in **bold type** (if you are asked to provide account statements as part of required proof for any part of your claim, you may redact unrelated transactions and all but the first four and last four digits of any account number). Please round total amounts down or up to the nearest dollar.

I. Ordinary Expenses Resulting from the Data Incident

Unreimbursed fees or other charges from your bank or credit card company incurred between August 17, 2020 and July 7, 2022 (the “Claims Deadline”) due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Unreimbursed overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

ATTACH DOCUMENTS Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

Unreimbursed fees relating to your account being frozen or unavailable incurred between August 17, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: You were charged interest by a payday lender due to card cancellation or due to an over-limit situation, or you had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card, and these charges and payments were not reimbursed.

ATTACH DOCUMENTS Required: Attach a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

Unreimbursed fees or other charges relating to the reissuance of your credit or debit card incurred between August 17, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Unreimbursed fees that your bank charged you because you requested a new credit or debit card.

ATTACH DOCUMENTS Required: Attach a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

Other unreimbursed incidental telephone, internet, mileage or postage expenses directly related to the Data Incident incurred between August 17, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Unreimbursed long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

ATTACH DOCUMENTS Required: Attach a copy of the bill from your telephone company, mobile phone company, or internet service provider that shows the charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

Credit Reports or credit monitoring charges purchased between August 17, 2020 and the Claims Deadline due to the Data Incident. This category is limited to services purchased primarily as a result of the Data Incident and if purchased between August 17, 2020 and the Claims Deadline

To obtain reimbursement under this category, you must attest to the following:

I purchased credit reports between August 17, 2020 and the Claims Deadline, primarily due to the Data Incident and not for other purposes.

DATE	COST

Examples: The cost of a credit report(s) that you purchased after hearing about the Data Incident.

ATTACH DOCUMENTS Required: Attach a copy of a receipt or other proof of purchase for each product or service purchased (you may redact unrelated transactions).

Between one (1) and four (4) hours of documented time spent monitoring accounts or otherwise dealing with the aftermath / clean-up of the Data Incident between August 17, 2020 and the Claims Deadline (round down to the nearest hour and check only one box).

- 1 Hour 2 Hours 3 Hours 4 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or e-mails, or on the internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.

- Other. Provide description(s) here: _____

Attestation (You must check the box below to obtain compensation for lost time)

- I attest under penalty of perjury that I spent the number of hours claimed above making reasonable efforts to deal with the Data Incident.**

II. Extraordinary Expenses

If you have expenses related to the Data Incident that are more than the value or different than the type of ordinary expenses covered in the categories in Section I above, you may be entitled to compensation for your extraordinary expenses. To obtain reimbursement under this category, you must attest to the following:

- I incurred out-of-pocket unreimbursed expenses that occurred more likely than not as a result of the Data Incident during the time period from August 17, 2020 through the end of the Claims Deadline other than those expenses covered by one or more of the categories above, and I made reasonable efforts to avoid, or seek reimbursement for the loss, including but not limited to exhausting all available credit monitoring insurance and identity theft insurance.

- Unreimbursed fraudulent charges incurred between August 17, 2020 and the Claims Deadline due to the Data Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company. *Note: most banks are required to reimburse customer in full for fraudulent charges on payment cards that they issue.*

ATTACH DOCUMENTS Required: The bank statement or other documentation reflecting the fraudulent charges, as well as documentation reflecting the fact that the charge was fraudulent (you may redact unrelated transactions and all but the first four and last four digits of any account number). If you do not have anything in writing reflecting the fact that the charge was fraudulent (e.g., communications with your bank or a police report), please identify the approximate date that you reported the fraudulent charge, to whom you reported it, and the response.

Date reported:

Description of the person(s) to whom you reported the fraud:

Check this box to confirm that you have exhausted all applicable insurance policies, including but not limited to credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.

Between one (1) and four (4) hours of documented time spent remedying actual documented fraud relating to the Data Incident between August 17, 2020 and the Claims Deadline (round down to the nearest hour and check only one box), which has not already been claimed in Section I, above.

1 Hour

2 Hours

3 Hours

4 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or e-mails, or on the internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Check all activities, below, which apply.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here: _____

ATTACH DOCUMENTS Required: Attach a copy of any and all receipts, correspondence, confirmations, and other documents supporting the lost time claimed immediately above.

Other unreimbursed out-of-pocket expenses that were incurred between August 17, 2020 and the Claims Deadline as a result of the Data Incident that are not accounted for in your response above.

DATE	DESCRIPTION	AMOUNT

Examples: This category includes any other unreimbursed expenses or charges that are not otherwise

accounted for in your answers to the questions above, including any expenses or charges that you believe were the result of an act of identity theft.

ATTACH DOCUMENTS Required: Describe the expense, why you believe that it is related to the Data Incident, and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. Please provide copies of any receipts, police reports, or other documentation supporting your claim. For claims of reimbursement for lost time, you must provide actual documentation reflecting the amount of time you spent dealing with replacement card issues or in reversing fraudulent charges sufficient to prove how much time was spent, on what, and that the time was spent on issues related to the Data Incident. The Claims Administrator may contact you for additional information before processing your claim.

Check this box to confirm that you have exhausted all credit monitoring insurance and identity theft insurance you might have for these out-of-pocket expenses before submitting this Claim Form.

III. California Residents.

If you resided in the State of California at the time of the Data Incident announced by Defendant on or about January 26, 2021, you are eligible to claim up to a \$50 cash payment. This amount may be reduced on a *pro rata* basis if the claims made exceeds the funds available. In order to make this claim, please check the applicable box below, and provide the required information or documents:

If your mailing address on file with Bosley at the time of the Data Incident in August 2020 was a physical residence located in the State of California, please check this box and provide your physical California residential address, below:

If your mailing address on file with Bosley at the time of the Data Incident in August 2020 was NOT a physical residence located in the State of California, please check this box and provide proof of California residency as required below:

ATTACH DOCUMENTS Required: Please include proof of California residency for the applicable time period. Examples may include mortgage statement, property tax statement, utility bill, or other document evidencing residency in the State of California at the time of Data Incident.

Attestation (You must check the box below to obtain compensation as a California resident)

I attest under penalty of perjury that I resided in the State of California at time of the August 2020 Data Incident, and that I resided at the residential address set forth above or as evidenced by the proof of residency submitted herewith.

C. Settlement Compensation:

In the event your claim is valid, and you qualify to receive a monetary payment, select the method by which you would like to receive the payment. A paper check will be mailed if a method of compensation is not selected.

Please select only one:

Paper Check

Electronic Payment - *Please confirm the email address listed in Section 1 is the correct address to receive notification of your payment.*

Direct Deposit/ACH

Venmo

D. Certification

I declare under penalty of perjury under the laws of the United States and the State of California that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed at _____ [City], _____ [State] on the date set forth below.

I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Print Name: _____

Signature: _____

Date: _____

E. Submission Instructions

Once you've completed all applicable sections, please mail or email this Claim Form and all required supporting documentation to the address provided below, postmarked by **July 7, 2022**.

Bosley Settlement
c/o CPT Group Inc.
50 Corporate Park
Irvine, CA 92606
Email: BosleySettlement@cptgroup.com