

**CLAIM FORM**

***Kevin Meagher and Rebecca Dawson v. KTC Holding Company F/K/A  
The Kingdom Trust Company  
Case No. 2:24-CV-01630***

**United States District Court for the District of Nevada**

**Claims must be postmarked no later than March 3, 2026. You may also submit a Claim Form online no later than March 3, 2026.**

This claim form should be filled out online or submitted by mail if you were sent notice that your personal information was potentially accessible by an unauthorized third-party who gained access to KTC Holding Company's systems (the "Data Incident") in March 2024.

The settlement notice describes your legal rights and options. Please visit the official Settlement Website, **[www.KTCDataSettlement.com](http://www.KTCDataSettlement.com)** or call **1-866-742-4955** for more information.

The Settlement establishes a \$780,000.00 settlement fund to compensate Settlement Class Members for their Documented Monetary Losses, a Pro Rata Cash Payment, and/or Credit Monitoring, as well as for the costs of notice and administration, certain taxes, service award payment(s), and attorneys' fee awards and costs as awarded by the Court.

You can submit a claim for Documented Monetary Losses as a result of the Data Incident and a claim for a Pro Rata Cash Payment. You may get a check or electronic payment if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment. You can also submit a claim for Credit Monitoring services.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. The deadline to submit this claim form online (or have it postmarked for mailing) is **March 3, 2026**.

**1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. CLASS MEMBERSHIP.**

☐ Please check this box if you received a Notice related to this class action settlement, and you have your unique Login ID.

**Login ID** (Included on the mailed Notice, if known): \_\_\_\_\_

☐ Please check this box if you have not received a Notice but believe that you should be included in the Settlement Class. You must provide documentation demonstrating that you were impacted by the Data Incident and that you are a Settlement Class Member.

### 3. MONETARY REIMBURSEMENT

Check the box for each category of benefits you would like to claim. **You may submit a claim for one or more of these benefits, including a payment for Documented Monetary Losses, a Pro Rata Cash Payment, and/or Credit Monitoring Services.**

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described below.

**a. Documented Monetary Losses resulting from the Data Incident:**

- ☐ **Check this box if you wish to submit a claim for Documented Monetary Losses.** All Settlement Class Members may submit a claim for up to ten thousand dollars and zero cents (\$10,000.00) for actual, documented, and unreimbursed monetary losses occurring between March 1, 2024, and the date the Claim is submitted, that are fairly traceable to the Data Incident, to be paid out of the Settlement Fund.

**Total amount for this category \$ \_\_\_\_\_** (not more than \$10,000)

Examples of kinds of documented out-of-pocket losses that may be claimed include, in part: (i) out of pocket credit monitoring costs incurred on or after March 1, 2024, through the date of Claim Submission; (ii) unreimbursed losses relating to fraud or identity theft; and (iii) unreimbursed bank fees, long distance phone charges, postage, or gasoline for local travel.

*Settlement Class Members with losses must submit documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.*

Supporting documentation must be provided. If a Settlement Class Member does not submit reasonable documentation supporting the loss, or if their Claim is rejected by the Claims Administrator for any reason, and the Settlement Class Member fails to cure the Claim, the Claim will be rejected and the Settlement Class Member's claim will be treated as if he or she elected a Pro Rata Cash Payment only.

**b. Pro Rata Cash Payment:**

- ☐ **Check this box if you wish to submit a claim for a Pro Rata Cash Payment.** All Settlement Class Members may claim a pro rata cash payment in the amount estimated by Class Counsel of \$100. The payments will be calculated by dividing remaining funds in the Settlement Fund, after payment of the Costs of Claim Administration, any Court-approved service awards and attorneys' fees, costs and expenses; Credit Monitoring, and Documented Monetary Losses, by the number of eligible claims. The Pro Rata Cash Payments will be adjusted upwards or downwards based upon the number of Valid Claims filed.

**c. Credit Monitoring:**

- ☐ **Check this box if you wish to receive two (2) years of three-bureau Credit Monitoring.**

**4. PAYMENT PREFERENCE:**

☐ Check here if you would like to receive payment for your approved claim, if any, via electronic means.

Please provide the email address for an electronic payment notification:

\_\_\_\_\_

If you do not check this box or provide a valid email address, your payment will be mailed via check to the address provided above.

**5. CERTIFICATION:**

By signing my name below, I swear and affirm subject to the laws of my state that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**6. MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE.**

This claim form must be postmarked by **March 3, 2026** and mailed to: **KTC Holding Company Data Settlement, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479**; OR emailed by midnight on **March 3, 2026** to **KTCDataSettlement@rg2claims.com**; OR submitted through the Settlement Website by midnight on **March 3, 2026** at: **www.KTCDataSettlement.com**.