USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, the Claims Administrator identified you as an individual residing in the United States whose Personal Information was potentially impacted in the Data Incident affecting Balance Autism in March 2025, including all those who received notice of the Data Incident.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website www.BalanceDataSettlement.com, for more information on submitting a Claim and for information on the aggregate cap on claims.

To receive any benefits, you must submit the Claim Form below by JUNE 1, 2026.

Please read the claim form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically via the Settlement Website at www.BalanceDataSettlement.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:

<div align="center">

Balance Autism Data Settlement
c/o Claims Administrator
PO Box 2007
Chanhassen, MN 55317-2007

</div>

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address (optional)

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Notice ID Number and PIN provided on your Postcard Notice:

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[                              ]
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Notice ID Number

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[                              ]
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PIN

III. IDENTITY THEFT PROTECTION

Participating Settlement Class Members are eligible to claim two (2) years of free one-bureau credit monitoring services with $1,000,000 in identity theft protection insurance, among other features.

☐ Check this box if you would like to receive an activation code to enroll in two (2) years of one-bureau credit monitoring services.

IV. LOST TIME REIMBURSEMENT

Participating Settlement Class Members are eligible to receive reimbursement for lost time, up to four (4) hours at a rate of $20 per hour, actually spent responding to issues raised by the Data Incident, if at least one full hour was spent dealing with the Data Incident. To receive reimbursement for lost time, the Participating Settlement Class Members must submit a valid claim form identifying the activities engaged in and the time spent on each such activity and provide attestation, under penalty of perjury, on the Claim Form that the activities they performed were related to the Data Incident. Claims made for lost time can be combined with reimbursement for documented ordinary loss expense reimbursement, and count toward the $400 cap for Ordinary Losses.

Hours claimed (up to 4 hours – check one box): ☐ 1 Hour ☐ 2 Hours ☐ 3 Hours ☐ 4 Hours

☐ I swear under penalty of perjury that, to the best of my knowledge and belief, any claimed lost time was spent related to the Data Security Incident.

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Security Incident. For examples of eligible activities, please refer to the Settlement Notice (Long Notice) posted on the Settlement Website at www.BalanceDataSettlement.com.

Provide description(s) here:

_____

_____

_____

_____

_____

_____

V. DOCUMENTED ORDINARY AND/OR EXTRAORDINARY LOSSES REIMBURSEMENT

Participating Settlement Class Members are eligible to receive reimbursement for **ORDINARY** out-of-pocket losses that were incurred as a result of the Data Security Incident, <u>not to exceed $400 per Participating Settlement Class Member</u>. To receive reimbursement for ordinary losses, the Participating Settlement Class Members must submit a valid documented claim and supporting third-party documentation for each item of expenditure claimed. Settlement Class Members with ordinary losses must submit documentation supporting their claims. Examples of eligible ordinary losses are detailed in the Settlement Notice (Long Notice) posted on the Settlement Website www.BalanceDataSettlement.com.

☐ Check this box if you are claiming **ORDINARY** loss expenses in the amount of $_____.

Participating Settlement Class Members are also eligible to receive reimbursement for unreimbursed documented **EXTRAORDINARY** losses, <u>not to exceed $4,000 per Settlement Class Member</u> who was the victim of actual fraud or identity theft. To receive reimbursement for ordinary losses, the Participating Settlement Class Members must submit a valid documented claim and supporting third-party documentation that meets the following conditions: (i) the loss is an actual, documented, and unreimbursed monetary loss stemming from fraud or identity theft; (ii) the submitted documentation is not "self-prepared" by the claimant; (iii) the loss from fraud or identity theft was more than likely than not caused by the Data Incident; (iv) the loss was incurred after March 11, 2025 and before June 1, 2026; (v) the loss is not already covered by the ordinary loss or lost time categories; (vi) the Participating Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance; and (vii) a legal guardian for a Participating Settlement Class Member who is under the age of 18 at the time of claim submission may submit a Claim Form seeking reimbursement of extraordinary losses on the minor's behalf.

☐ Check this box if you are claiming **EXTRAORDINARY** loss expenses in the amount of $_____.

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	0 6 — 1 7 — 2 3 M M D D Y Y	$ ⬜⬜ 5 0 . 0 0	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	0 2 — 2 8 — 2 4 M M D D Y Y	$ 3 0 0 . 0 0	Copy of the professional services bill
	⬜⬜ — ⬜⬜ — ⬜⬜ M M D D Y Y	$ ⬜⬜⬜⬜ . ⬜⬜	
	⬜⬜ — ⬜⬜ — ⬜⬜ M M D D Y Y	$ ⬜⬜⬜⬜ . ⬜⬜	
	⬜⬜ — ⬜⬜ — ⬜⬜ M M D D Y Y	$ ⬜⬜⬜⬜ . ⬜⬜	
	⬜⬜ — ⬜⬜ — ⬜⬜ M M D D Y Y	$ ⬜⬜⬜⬜ . ⬜⬜	
	⬜⬜ — ⬜⬜ — ⬜⬜ M M D D Y Y	$ ⬜⬜⬜⬜ . ⬜⬜	
	⬜⬜ — ⬜⬜ — ⬜⬜ M M D D Y Y	$ ⬜⬜⬜⬜ . ⬜⬜	

VI. ALTERNATIVE CASH PAYMENT

☐ Check this box if you wish to receive a cash payment of $50.

You are *not* entitled to this Alternative Cash Payment if you have made a claim under Sections IV and/or V.

VII. FORM OF PAYMENT

By mailing this form to the Settlement Administrator, you will receive payment for your losses under this Settlement in the form of a physical check. If you wish to receive an electronic payment, you must submit your Claim Form online at www.BalanceDataSettlement.com.

VIII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

_____   _____   _____
Signature   Printed Name   Date Signed

**TO BE VALID, THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ONLINE
AT WWW.BALANCEDATASETTLEMENT.COM NO LATER THAN JUNE 1, 2026.**