

Arby's FI Data Security Litigation
Settlement Administrator
P.O. Box 43501
Providence, RI 02940-3501



AYE

IN RE ARBY'S RESTAURANT GROUP, INC. DATA SECURITY LITIGATION
UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF GEORGIA

Case No. 1:17-cv-514

**Must Be Postmarked No Later Than
July 3, 2020**

Claim Form

CLAIMANT INFORMATION

Name of Financial Institution/Settlement Class Member									
Primary Address									
Primary Address Continued									
City							State		Zip Code

Use this Claim Form if your financial institution is a Settlement Class Member that is entitled to submit a claim under the settlement. See www.arbysfisettlement.com for more information.

Use this Claim Form if your financial institution wants to receive a payment per eligible payment card account. No documentation needs to be submitted with this Claim Form.

Materials To Gather To Complete this Claim Form: The number of payment card accounts your financial institution issued that were identified as having potentially been at risk as a result of the Arby's Restaurant Group Intrusion in an alert issued by Visa or MasterCard, the number of those payment cards that appeared in prior Visa or MasterCard alerts, as specified below, and, for MasterCard payment card accounts, confirmation of whether those accounts were associated with EMV-enabled payment cards at the relevant time and whether your financial institution enrolled in the ADC program in 2017.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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SETTLEMENT CLASS MEMBER INFORMATION

Name of Person Filling Out This Form

Your Title at the Financial Institution

Email Address (if provided, we will communicate primarily by email about your claim)

Daytime Phone

CERTIFICATION OF PAYMENT CARDS (Please complete all parts of the question below.)

For purposes of completing this Claim 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.

Question 1: Is your financial institution the issuer of one or more payment cards that were identified in either of the categories of alert described below? (Fill in all applicable circles below.)

If you indicated YES for either category of alert, indicate how many payment card accounts your financial institution issued that were identified in the referenced alert(s) and answer **all** the other questions about the payment card accounts you issued in that category. For purposes of completing this Claim 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.

(a) Visa CAMS alerts in the US-2017-0057 series

Yes No

Number of Issued Accounts Identified in These Alerts:

How many of your issued accounts that were identified in the US-2017-0057 series alerts were also identified in a separate IC or RA alert sent by Visa between August 11, 2016 and February 7, 2017?

(b) MasterCard ADC alerts in the ADC002618 series

Yes No

Number of Issued Accounts Identified in These Alerts:

How many of your issued accounts that were identified in the ADC002618 series alerts were also identified in a separate ADC alert sent by MasterCard between August 12, 2016 and February 8, 2017?

How many of your issued accounts that were identified in the ADC002618 series alerts did **not** have an EMV-enabled payment card as of the date on which the account was used in the transaction at Arby's that resulted in the account's identification in an alert in the ADC002618 series. If your financial institution completed the transition to EMV-enabled payment cards on or before October 22, 2016, your answer to this question should be zero (0).

Indicate here if your financial institution failed to enroll in the ADC program for the calendar year 2017.



If you are unable to answer YES to either 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 this Claim 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 the claim made in this Claim Form may be subject to audit, verification, and Court review.

Signature of Duly Authorized Representative of Settlement Class Member

Dated (mm/dd/yyyy)

Print Name

Title

CLAIM FORM SUBMISSION REMINDERS

- You may submit your Claim Form by mail or through the website at www.arbysfisettlement.com.
- Please keep a copy of this Claim Form if submitting by mail.
- Claim Forms must be submitted through the website by **July 3, 2020** or mailed so that they are postmarked by **July 3, 2020**.



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