

Your claim must
be submitted
online or
postmarked by:
January 9, 2026

CLAIM FORM FOR
RESTEK DATA SECURITY INCIDENT SETTLEMENT

Kyle Retorick v. Restek Corporation
Case No. 2401-01443
Court of Common Pleas of Philadelphia County, PA

Restek
Data Security
Incident

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR COMPENSATION FOR UNREIMBURSED LOSSES

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 compromised in the Data Security Incident discovered by Restek Corporation in June 2023, including all those who received notice of the Data Security Incident.

Please refer to the Settlement Notice (Long Notice) posted on the Settlement Website www.RestekDataSettlement.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 January 9, 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.RestekDataSettlement.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:

Restek Data Security Settlement
c/o Claims Administrator
P.O. Box 2005
Chanhassen, MN 55317-2005

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

☐ Check this box to certify that you were a person to whom Restek Corporation mailed notice of the Settlement.

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

Notice ID Number

PIN

III. IDENTITY THEFT PROTECTION

All Settlement Class Members will be eligible to claim two (2) years of free credit monitoring services through IDX upon submission of a valid Claim Form. IDX Identity Protection Services provides single-bureau credit monitoring, dark web monitoring, \$1,000,000 in reimbursement insurance, and fully managed identity recovery and lost wallet assistance.

☐ Check this box if you wish to receive two (2) years of free identity protection and credit monitoring service.

IV. LOST TIME REIMBURSEMENT

Settlement Class Members are also eligible to receive reimbursement for up to four (4) hours of lost time actually spent responding to issues raised by the Data Security Incident (calculated at the rate of \$20 per hour to a maximum of \$80 per person), if at least one (1) full hour was spent dealing with the Data Security Incident. Settlement Class Members may receive reimbursement for lost time if the Settlement Class Member timely submits a valid Claim Form providing a specific written description of how the time was spent and attests under penalty of perjury that the lost time was spent responding to the Data Security Incident. Claims made for lost time can be combined with reimbursement for documented ordinary loss expense reimbursement and counts toward the \$425 cap for all Settlement Class Members for ordinary loss expense reimbursement.

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 www.RestekDataSettlement.com.

Provide description(s) here:

V. DOCUMENTED ORDINARY AND/OR EXTRAORDINARY LOSS EXPENSE REIMBURSEMENT

All Settlement Class Members who on a timely basis submit a valid claim using the Claim Form are eligible for the following documented (except lost time, as defined above) **ORDINARY** loss expense reimbursement, not to exceed \$425 per Settlement Class Member: unreimbursed third-party documented out-of-pocket expenses that were incurred as a result of the Data Security Incident. Examples of eligible ordinary losses are detailed in the Settlement Notice (Long Notice) posted on the Settlement Website www.RestekDataSettlement.com.

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

Settlement Class Members are also eligible to receive reimbursement for unreimbursed documented **EXTRAORDINARY** losses, not to exceed \$3,500 per Settlement Class Member who was the victim of actual documented identity theft or fraud for proven actual monetary loss upon timely submission of a valid Claim Form signed under penalty of perjury and supporting third-party documentation, provided that: (i) the loss is an actual and unreimbursed monetary loss arising from the identity theft or fraud; (ii) the identity theft or fraud was more likely than not caused by the Data Security Incident; (iii) the loss is not already covered by one or more of the ordinary loss expense reimbursement categories; (iv) the 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 (v) the identity theft occurred between June 2, 2023 and January 9, 2026.

☐ 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
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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.

VIII. FORM OF PAYMENT

By mailing this form to the Claims 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.RestekDataSettlement.com.

IX. 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.RESTEKDATASETTLEMENT.COM NO LATER THAN JANUARY 9, 2026.**