

Your claim must be submitted online or postmarked by: **June 4, 2026**

CLAIM FORM FOR CADENCE BANK DATA BREACH SETTLEMENT

CADENCE BANK

Pratt v. Cadence Bank,
Case No. 1:23-cv-12996-ADB (D. Mass.)

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES

GENERAL INSTRUCTIONS

If you were notified by Cadence Bank that your personally identifying information (“PII”) was included in files affected by the MOVEit data security incident (the “MOVEit Data Breach”), you are a member of the Settlement Class and eligible to complete this Claim Form to request two (2) years of identity protection and credit monitoring services free of charge and **either**: (1) compensation for documented unreimbursed out-of-pocket expenses of up to \$2,500 (“Ordinary Losses”), including up to four (4) hours of lost time at \$25 per hour and monetary losses up to a total of \$10,000 (“Extraordinary Losses”); **or** (2) an alternative cash payment of \$100 (subject to *pro rata* reduction or increase based on total claim submission) without the need to prove any loss.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the MOVEit Data Breach, including bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after **May 31, 2023** through **June 4, 2026**; and
3. Lost Time spent dealing with the MOVEit Data Breach, compensated at a rate of \$25 per hour for up to four (4) hours.

Extraordinary Losses include compensation for proven monetary losses, professional fees (including attorneys’ fees and accountants’ fees), and fees for credit repair services incurred as a result of the MOVEit Data Breach, provided that:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the MOVEit Data Breach;
- The loss occurred between **May 31, 2023** and **June 4, 2026**; and
- The loss is not covered by one or more of the categories for Ordinary Losses.

Compensation for the above claimed losses (both Ordinary and Extraordinary) other than Lost Time must be supported by reasonable documentation, which cannot be “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement. Claims for Lost Time must be supported by an attestation to the accuracy of the request for compensation of Lost Time.

Alternative Cash Payment. In lieu of claiming compensation for Ordinary Losses or Extraordinary Losses, members of the Settlement Class may elect to receive a one-time payment of \$100 (subject to *pro rata* reduction or increase based on total claim submission) as a result of the MOVEit Data Breach.

Claims for the Alternative Cash Payment are subject to potential proration, depending on the number and amount of claims received.

Questions? Go to www.MOVEitCadenceSettlement.com or call (833) 647-9001.

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

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

MOVEit Cadence Bank Data Breach
c/o Settlement Administrator
P.O. Box 25226
Santa Ana, CA, 92799-9834

PLEASE DO NOT SUBMIT YOUR CLAIM FORM TO THE COURT OR THE COURT CLERK'S OFFICE

I. CLASS MEMBER NAME AND CONTACT INFORMATION

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

Middle Initial

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Class Member ID Number provided on your Notice:

Class Member ID Number (if available)

III. IDENTITY THEFT PROTECTION

- Check this box if you wish to receive two (2) years of free identity protection and credit monitoring service. You may receive this service even if you previously elected to receive credit monitoring through Cadence or another provider.

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V. COMPENSATION FOR EXTRAORDINARY LOSSES

Members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented**, unreimbursed extraordinary losses, not to exceed \$10,000, as a result of the MOVEit Data Breach:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss																	
<input type="radio"/> Other proven monetary losses relating to fraud or identity theft, professional fees (including attorneys' fees and accountants' fees), and fees for credit repair services, incurred between May 31, 2023 and June 4, 2026 as a result of the MOVEit Data Breach.	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> <p>(mm/dd/yy)</p>			/			/			<table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>	\$.		
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Examples of Supporting Documentation: *Invoices or statements reflecting payments made for professional fees/services.*

VI. ALTERNATIVE CASH PAYMENT

As an alternative to claiming compensation for Ordinary Losses and Extraordinary Losses above, members of the Settlement Class who submit a valid and timely claim may elect to receive a one-time \$100 payment (subject to *pro rata* reduction or increase based on total claim submission) without the need to document losses or attest to time spent as a result of the MOVEit Data Breach. To claim this alternative cash payment, please check the box below.

NOTE: The alternative cash payment cannot be combined with claims for reimbursement of Ordinary Losses, Lost Time, and Extraordinary Losses, and by checking the box below, you will forfeit any other claim for compensation (except Credit Monitoring) included in this Claim Form.

Check this box if you wish to receive an alternative cash payment of up to \$100.

VII. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

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Physical Check - Payment will be mailed to the address provided above.

VIII. MEDICARE BENEFICIARY

Were you a Medicare beneficiary during the time period of May 31, 2023 to the present? (check one)

Yes No

If you are a Medicare beneficiary receiving more than \$750 under this settlement, the Settlement Administrator may need to contact you for additional information related to Medicare reporting requirements.

IX. ATTESTATION & SIGNATURE

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

Signature

Printed Name

Date