Landmark Settlement Administrator P.O. Box 1591 Baton Rouge, LA, 70821 Your Claim Form must be postmarked or submitted online no later than December 26, 2025

Newson, et al. v. Landmark Admin, LLC, et al.

District Court for Dallas County, Texas

CLAIM FORM

You may submit a Claim Form if your Private Information was potentially implicated, accessed, compromised or impacted as a result of the Data Security Incident experienced by Landmark Admin, LLC from May 13, 2024 to June 17, 2024, and you would like to claim benefits under the Settlement.

The easiest way to submit a claim is online at www.LandmarkDataSettlement.com, or you can complete and mail this Claim Form to the Settlement Administrator at the address above. Your claim must be submitted online or postmarked by December 26, 2025.

First Name*	Middle Initial	Last Name*	
Mailing Address: Street Address/P.O. Box (include Apartment	/Suite/Floor Number)*		
City*		State*	Zip Code*
Current Email Address*		Phone Number	
Settlement Claim ID*			
o review for completeness and plausibility by the Settle	ment Administrator.	pose one of the applica	ble categories below. Claims are subje
Settlement Class Members who submit a valid and time or eview for completeness and plausibility by the Settle Claim A: Settlement Class Members may be eligible for compensation availed Claim Form and supporting documentation proceedings from fraud or identity theft or as otherwise reporting the Data Security Incident; and (iii) the loss was incurred.	ly Claim Form may choment Administrator. Documented Economic for documented leader of the control of the contr	nomic Losses posses, up to a total of \$ ss is an actual, docume	2,500.00 per claimant, upon submission ented, and unreimbursed monetary lo
Claim A: Cettlement Class Members may be eligible for compensation availd Claim Form and supporting documentation put temming from fraud or identity theft or as otherwise r	ly Claim Form may choment Administrator. Documented Economic for documented leader of the Data Second after May 13, 2024. Professional fees included the country of the part	nomic Losses coses, up to a total of \$ ss is an actual, docume urity Incident; (ii) the ling attorneys' fees, accoporting agency; credit	2,500.00 per claimant, upon submission tented, and unreimbursed monetary loss was more likely than not caused countants' fees, and fees for credit reparamonitoring costs that were incurred
Claim A: cettlement Class Members may be eligible for compensa f a valid Claim Form and supporting documentation pot temming from fraud or identity theft or as otherwise r the Data Security Incident; and (iii) the loss was incurred examples: financial loss due to fraud or identity theft; p ervices; costs associated with freezing or unfreezing or r after mailing of the notice of the Data Security Incident	ly Claim Form may chement Administrator. Documented Economic for documented leader of the Data Second after May 13, 2024. Professional fees included the country of the date of the date of the date of the charges.	nomic Losses coses, up to a total of \$ ss is an actual, docume urity Incident; (ii) the ling attorneys' fees, acc porting agency; credit claim submission; and	2,500.00 per claimant, upon submission tented, and unreimbursed monetary loloss was more likely than not caused countants' fees, and fees for credit reparamentaring costs that were incurred miscellaneous expenses such as notations.
Claim A: Cettlement Class Members may be eligible for compensation of a valid Claim Form and supporting documentation properties of the Data Security Incident; and (iii) the loss was incurred at Examples: financial loss due to fraud or identity theft; properties; costs associated with freezing or unfreezing or after mailing of the notice of the Data Security Incideration, postage, copying, mileage, and long-distance telephore.	ly Claim Form may che ment Administrator. Documented Economic of the local trovided that: (i) the local trovided that (i) the local trovided that (ii) the local trovided that (iii) the local trovided that (iii) the local trovided that (iiii) the local trovided that (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	nomic Losses coses, up to a total of \$ ss is an actual, docume urity Incident; (ii) the ling attorneys' fees, acc porting agency; credit claim submission; and	2,500.00 per claimant, upon submission ented, and unreimbursed monetary loloss was more likely than not caused countants' fees, and fees for credit reparamonitoring costs that were incurred miscellaneous expenses such as notations.

In lieu of Claim A, Settlement Class Members may elect to receive a \$30 cash payment, subject to a pro rata adjustment downward. I attest that the losses or expenses claimed were incurred as a result of the Data Incident. PAYMENT SELECTION	Claim B: P	Pro Rata Cash Payment
PAYMENT SELECTION Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment. Venmo Enter the mobile number or email address associated with your Venmo account Zelle Enter the mobile number or email address associated with your Zelle account PayPal Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	In lieu of Claim A, Settlement Class Members may elect to receiv	ceive a \$30 cash payment, subject to a <i>pro rata</i> adjustment downward.
Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment. Venmo Enter the mobile number or email address associated with your Venmo account Zelle Enter the mobile number or email address associated with your Zelle account PayPal Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE Laffirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	I attest that the losses or expenses claimed were	ere incurred as a result of the Data Incident.
Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment. Venmo Enter the mobile number or email address associated with your Venmo account Zelle Enter the mobile number or email address associated with your Zelle account PayPal Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.		
Enter the mobile number or email address associated with your Venmo account Zelle Enter the mobile number or email address associated with your Zelle account PayPal Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	PAYM	YMENT SELECTION
Enter the mobile number or email address associated with your Venmo account Zelle Enter the mobile number or email address associated with your Zelle account PayPal Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	Please select one of the following payment options, which will b	ill be used should you be eligible to receive a settlement payment.
Enter the mobile number or email address associated with your Zelle account PayPal Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	Venmo	
Enter the mobile number or email address associated with your Zelle account PayPal Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	Enter the mobile number or email address associated with yo	h your Venmo account
Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	Zelle	
Enter the mobile number or email address associated with your PayPal account Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	Enter the mobile number or email address associated with yo	h your Zelle account
Physical Check - Payment will be mailed to the address provided above. SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	PayPal	
SIGNATURE I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	Enter the mobile number or email address associated with yo	h your PayPal account
I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.	Physical Check - Payment will be mailed to the address	ress provided above.
I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.		SIGNATURE
	I affirm under the laws of the United States that the informat	nation I have supplied in this claim form and any copies of documents that I am
Signature Printed Name Date	Signature Print	inted Name Date