

Your claim must
be submitted
online or
postmarked by:
**NOVEMBER 16,
2026**

Dusterhoft v. OneTouchPoint Corp.
Case No. 2025CV002181
Circuit Court of Waukesha County, Wisconsin

OTP DATA INCIDENT CLAIM FORM

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GENERAL INSTRUCTIONS

You are a Settlement Class Member and eligible to submit a Claim for benefits from this settlement if you are a resident of the United States and its territories whose Private Information was determined by OneTouchPoint Corp.'s ("OTP") investigation to have been impacted in the Data Incident in or about April 2022, or were a plaintiff in litigation arising from the Data Incident.

Excluded from the Settlement Classes are: (a) Defendant's officers and directors; (b) any entity in which Defendant has a controlling interest; and (c) the affiliates, legal representatives, attorneys, successors, heirs, and assigns of Defendant. Also excluded from the Settlement Classes are members of the judiciary to whom this case is assigned, their families, and members of their staff.

Data Incident means the cybersecurity incident in April 2022 suffered by OTP that resulted in the potential compromise of current and former OTP employees' Private Information.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR BOTH OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS TO MONETARY SETTLEMENT CLASS MEMBERS

OTP will provide a number of benefits under the Settlement Agreement. Monetary Settlement Class Members may claim compensation for Ordinary Losses, Compensation for Extraordinary Losses, Compensation for Time Spent, or an Alternative Cash Payment. Class Members may also claim two years of Credit Monitoring.

Compensation for Ordinary Losses. Defendant will provide to Monetary Settlement Class Members who submit valid claims compensation for unreimbursed losses, such as: Out-of-pocket expenses, including bank fees, long-distance phone charges, data charges, postage, and fees for credit reports, credit monitoring, or other identity theft insurance. The compensation is capped at \$500 per Claimant.

Compensation for Extraordinary Losses. Defendant will provide compensation to Monetary Settlement Class Members who submit valid claims for proven monetary losses, professional fees (e.g., attorneys' fees, accountants' fees), and fees for credit repair services incurred as a result of the Data Incident. The compensation is capped at \$5,000 per Claimant.

The losses must be:

- a. Actual, documented, and unreimbursed;
- b. More likely than not caused by the Incident;
- c. Occurred between April 28, 2022, and November 16, 2026;
- d. And not already covered by one or more of the normal compensation categories.

You must have also made reasonable efforts to avoid or seek reimbursement for the loss.

Compensation for Time Spent. Defendant will provide to Monetary Settlement Class Members who submit valid claims \$25 per hour, for a maximum of four (4) hours (or \$100 maximum), upon a submission of Claim and attestation of time spent responding to the Data Incident.

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Alternative Cash Payment. In lieu of claiming compensation, Monetary Settlement Class Members who submit a valid and timely claim may elect to receive a one-time \$75 payment without the need to document losses or attest to time spent as a result of the Incident.

Credit Monitoring. In addition to claiming compensation, Monetary Settlement Class Members who submit a valid and timely claim may elect to receive a two-year membership of 1B credit monitoring with at least \$1 million in fraud protection.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT
WWW.OTPDATAINCIDENT.COM**

You may also print out and complete this Claim Form, and submit it by U.S. mail to: OTP Data Incident Settlement, c/o Analytics Consulting LLC, PO Box 2005, Chanhassen, MN 55317-2005. An electronic image of the completed Claim Form can also be submitted by email to OTPDDataIncident@noticeadministrator.com.

The deadline to submit a Claim Form online is **November 16, 2026**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **November 16, 2026**.

I. MONETARY SETTLEMENT 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 claim form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Claim Number (if known)

II. CREDIT MONITORING

☐ Check this box if you would like to receive a two-year membership of 1B credit monitoring with at least \$1 million in fraud protection.

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III. COMPENSATION FOR ORDINARY LOSSES

- ☐ Check this box if you are seeking reimbursement for out-of-pocket expenses, including bank fees, long-distance phone charges, data charges, postage, and fees for credit reports, credit monitoring, or other identity theft insurance. You may submit "self-prepared" documents to add clarity or support to other submitted documentation, but self-prepared documents by themselves are not sufficient to file a valid claim.

This reimbursement is capped at \$500 per Monetary Settlement Class Member.

Complete this table describing the supporting documentation you are submitting. If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

Description of Documentation Provided	Amount
<i>Example:</i> <i>Unauthorized purchases made with payment information compromised in the Data Incident</i>	<i>\$150</i>
TOTAL MONETARY LOSSES:	

IV. COMPENSATION FOR EXTRAORDINARY LOSSES

- ☐ Check this box if you are seeking reimbursement for **actual, documented** monetary losses that were incurred as a result of the Data Incident. **You must submit supporting documentation** demonstrating the actual, unreimbursed losses you are seeking reimbursement for. You may submit "self-prepared" documents to add clarity or support to other submitted documentation, but self-prepared documents by themselves are not sufficient to file a valid claim.

This reimbursement is capped at \$5,000 per Monetary Settlement Class Member.

Complete this table describing the supporting documentation you are submitting. If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

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Description of Documentation Provided	Amount
<i>Example: Unauthorized purchases made with payment information compromised in the Data Incident</i>	<i>\$150</i>
TOTAL MONETARY LOSSES:	

V. LOST TIME

All members of the Monetary Settlement Class who have spent time dealing with the Data Incident may claim up to four (4) hours for lost time at a rate of \$25 per hour.

I spent this many hours of time related to the Data Incident:

____ Hour(s). Please round to the nearest hour (*no documentation is needed*).

☐ By checking this box, I attest that I spent the claimed time responding to issues raised by the Data Incident.

Explanation of Time Spent Responding to Issues Raised by the Data Incident (<i>Identify what you did and why</i>)	Approx. Date(s) (if known)	Number of Hour(s) rounded

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VI. ALTERNATIVE CASH PAYMENT

In lieu of claiming compensation, Monetary Settlement Class Members who submit a valid and timely claim may elect to receive a one-time \$75 payment without the need to document losses or attest to time spent as a result of the Incident.

☐ Check this box if you would like to receive a one-time cash payment of \$75.00

☐ Check this box to affirm the following (*required*): I swear and affirm that I am a resident of the United States and its territories, was notified of the Data Incident by OTP, and was notified that I qualify as a Monetary Settlement Class Member.

VII. PAYMENT SELECTION

Please select from **one** of the following payment options if you are seeking reimbursement under Sections III, IV or V above.

☐ **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: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VIII. ATTESTATION & SIGNATURE

I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date Signed