COMPLETE AND SIGN THIS FORM AND SUBMIT ONLINE NO LATER THAN OCTOBER 5, 2026
at www.slimcdpaymentcardsettlement.com
or
SUBMIT BY MAIL POSTMARKED BY OCTOBER 5, 2026
Slim CD Financial Institution Data Breach Settlement
c/o Analytics Consulting LLC
PO Box 2002
Chanhassen, MN 55317-2002

CLAIM FORM

First Choice Federal Credit Union and Financial Horizons Credit Union v. Slim CD, Inc.
Case No. 2:25-cv-01088-MRH (W.D. Pa.)

INSTRUCTIONS – READ CAREFULLY

Use this form if your financial institution is a Settlement Class Member that is entitled to make a claim under the Settlement. For more information about who is a Settlement Class Member and details about the Settlement, see **www.slimcdpaymentcardsettlement.com**.

- To make a claim, complete the **Settlement Class Member Information** section, fill out the **Payment Card Certification** section, and sign the **Claim Form**. You must complete all sections to be eligible to receive a payment from the Settlement.
- Settlement Class Members who submit a valid, timely Claim Form will receive a *pro rata* share of the Net Settlement Fund based on the number of Alerted On Payment Cards issued by your financial institution relative to the total number of Alerted On Payment Cards identified in all valid Claims.
- Please note that Settlement benefits will be distributed only after the Settlement becomes effective.

Materials to Gather to Complete this Claim Form: The number of payment card accounts your financial institution issued that were identified as having been at risk as a result of the Slim CD Data Security Incident in an alert from: (i) Visa: US-2024-0663; (ii) MasterCard: ADC1104236-US-24-1; or (iii) Discover: DCA-USA-2024-1961 and PDCA-USA-2024-12563.

**** ALL CLAIMANTS MUST COMPLETE THE SECTION BELOW ****

SETTLEMENT CLASS MEMBER INFORMATION

Name of Financial Institution / Settlement Class Member

Name of Person Filling Out This Form

First Name *M.I.* *Last Name*

Your Title in the Financial Institution

Mailing Address

City State Zip Code

Daytime Phone

E-Mail Address *(If an e-mail address is provided, the Settlement Administrator will communicate primarily by e-mail about your claim.)*

PAYMENT CARD CERTIFICATION

Is your financial institution the issuer of one or more payment cards that were identified in any of the categories of alerts or similar documents below? (Check **All Applicable Boxes** Below.)

If you check "YES," indicate how many payment card accounts your financial institution issued that were identified in the referenced alert(s) or similar documents. For purposes of completing this form, please note a payment card number can have only one corresponding payment card account, even if multiple payment cards bearing the card number were issued.

Visa alert(s) in connection with the Slim CD Data Security Incident: (US-2024-0663 and related alerts in the Visa series)	☐ **YES** ☐ **NO**
Number of Alerted On Payment Cards issued by your institution:	☐☐☐☐☐☐☐☐
MasterCard alert(s) in connection with the Slim CD Data Security Incident: (ADC1104236-US-24-1 and related alerts in the MasterCard series)	☐ **YES** ☐ **NO**
Number of Alerted On Payment Cards issued by your institution:	☐☐☐☐☐☐☐☐
Discover alert(s) in connection with the Slim CD Data Security Incident: (DCA-USA-2024-1961, PDCA-USA-2024-12563 and related alerts in the Discover series)	☐ **YES** ☐ **NO**
Number of Alerted On Payment Cards issued by your institution:	☐☐☐☐☐☐☐☐

If you are unable to answer YES to any 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 a 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 this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from the Settlement Class Member. The representative signing this form certifies that it has authority to submit the form on behalf of the above-named Settlement Class Member.

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Signature of Duly Authorized Representative of Settlement Class Member

Date Signed

Print Name

Title

CLAIM SUBMISSION REMINDERS

(a) You may submit your claim online through the Settlement Website at **www.slimcdpaymentcardsettlement.com** or by mail to the address above.

(b) Please keep a copy of this Claim Form for your records if submitting by mail.

Claims must be submitted online by **October 5, 2026** or mailed so they are postmarked by **October 5, 2026**.