Your claim must be submitted online or postmarked by:

SEPTEMBER 25, 2026

CLAIM FORM FOR ZENITH DATA INCIDENT SETTLEMENT

David Black, et al. v. Zenith American Solutions, Inc.
Case No. CACE-26-009568
17th Judicial Circuit, Broward County, Florida

Zenith Data Incident Settlement

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS

GENERAL INSTRUCTIONS

If you received Notice of this Settlement, you were identified as an individual residing in the United States who was sent a notice from Zenith American Solutions, Inc. ("Zenith" or "Defendant") that your Private Information may have been accessed in the Data Incident that Zenith discovered on or about September 6, 2024.

Please refer to the Long Form Notice posted on the Settlement Website, www.ZenithDataIncidentSettlement.com, for more information on submitting a Claim, including the documentation standards for Cash Payment A and the aggregate cap applicable to Cash Payment B.

To receive a Cash Payment, you must submit this Claim Form online by 11:59 p.m. Eastern time on September 25, 2026, or by U.S. Mail postmarked no later than September 25, 2026.

This Claim Form may be submitted electronically via the Settlement Website at www.ZenithDataIncidentSettlement.com or completed and mailed, including any supporting documentation, to: Zenith Data Incident Data Settlement, c/o Analytics Consulting LLC, PO Box 2006, Chanhassen, MN 55317-2006.

Please type or legibly print all requested information in blue or black ink. You may submit only one Claim Form. Credit Monitoring does not require a Claim Form; see Section V below.

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.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address (used by the Settlement Administrator for payment selection and Claim communications) | Telephone Number

II. PROOF OF CLASS MEMBERSHIP

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

Notice ID

PIN

III. CASH PAYMENT ELECTION

You must choose either Cash Payment A – Documented Losses **OR** Cash Payment B – Alternate Cash. You may **NOT** claim both. If you elect Cash Payment A but do not submit reasonable supporting documentation, or your Claim is rejected and you fail to cure it, your timely Claim will be treated as if you elected Cash Payment B.

A. CASH PAYMENT A – DOCUMENTED LOSSES (UP TO $2,500)

All Settlement Class Members are eligible to submit a Claim for up to $2,500.00 upon presentment of reasonable documentation of losses related to fraud and/or identity theft as a result of the Data Incident. To qualify, each loss must be: (i) an actual, documented, and unreimbursed monetary loss; (ii) more likely than not caused by the Data Incident; and (iii) incurred after the date of the Data Incident. Claims must be for actual, out-of-pocket monetary losses documented by receipts, invoices, or similar third-party records. Personal certifications, declarations, or affidavits alone do not constitute proper documentation, but may be included to provide clarification, context, or support for other submitted documentation. You may not be reimbursed for expenses that have been reimbursed by another source.

☐ Check this box and complete the chart below if you are claiming **CASH PAYMENT A – DOCUMENTED LOSSES** in the amount of $_____. **You must attach supporting third-party documentation.**

Description of the Loss	Date of Loss	Amount	Description of Supporting Documentation
Example: Identity Theft Protection Service	06 – 17 – 22 (M M – D D – Y Y)	$ 50.00	Copy of identity theft protection service bill
Example: Fees paid to a professional to remedy a falsified tax return	02 – 28 – 23 (M M – D D – Y Y)	$ 300.00	Copy of the professional services bill
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	
	M M – D D – Y Y	$.	

B. CASH PAYMENT B - ALTERNATE CASH PAYMENT ($45.00)

As an alternative to Cash Payment A, Settlement Class Members whose Social Security number may have been disclosed in the Data Incident may elect to receive a one-time cash payment of $45.00. No documentation is required other than submission of a valid and timely Claim Form attesting to membership in the Settlement Class and eligibility for this benefit. Cash Payment B is subject to a $40,000.00 aggregate cap for all Settlement Class Members combined; if Valid Claims exceed the cap, each payment will be reduced on an equal, proportionate basis.

☐ Check this box if you wish to receive **CASH PAYMENT B – ALTERNATE CASH PAYMENT**. By checking this box, you attest that your Social Security number may have been disclosed in the Data Incident. If you check this box, you are **not** entitled to make a claim under Section III.A. above.

IV. PAYMENT SELECTION

Cash Payments will be made by electronic payment or by paper check. If your Claim is approved as a Valid Claim, the Settlement Administrator will send you an email allowing you to select from alternative forms of electronic payment or a paper check. You will have 90 days following that email to select your form of payment. Paper checks must be negotiated within 120 days of issuance.

V. CREDIT MONITORING – NO CLAIM FORM REQUIRED

In addition to a Cash Payment, all Settlement Class Members are entitled to receive one year of CyEx Financial Shield Complete. You may activate this benefit directly through CyEx using the activation code provided on your Postcard Notice. No Claim Form submission is required to receive Credit Monitoring.

VI. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, is true and correct to the best of my knowledge, and that I am a member of the Settlement Class. 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 can be deemed complete and valid, including information regarding the validity of my physical or e-signature. I understand that failure to respond to a Notice of Deficiency may result in a determination that my Claim is not a Valid Claim.

_____	_____	_____
Signature	Printed Name	Date Signed

Questions? Go to www.ZenithDataIncidentSettlement.com or call (866) 455-1359.