

cbdMD SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you used a payment card to make an online purchase with cbdMD during the time period between March 30, 2020 and May 8, 2020, or between May 14, 2020 through May 18, 2020, and you had out-of-pocket expenses, fraudulent charges, lost time spent dealing with fraudulent charges or card replacement issues, or unreimbursed extraordinary monetary losses as a result of the cbdMD Security Incident. You may get a check if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. To obtain the Settlement Notice and find more information regarding your legal rights and options, please visit the official Settlement website, Cbmdmddatabreachsettlement.com, or call toll-free 1-866-742-4955.

If you wish to submit a claim for a settlement payment electronically, you may go online to the Settlement Website, Cbmdmddatabreachsettlement.com, and follow the instructions on the "Submit a Claim" page.

If you wish to submit a claim for a settlement payment via standard mail, you need to provide the information requested below and mail this Claim Form to cbdMD Settlement, c/o Settlement Administrator, PO Box 59479, Philadelphia, PA 19102-9479, postmarked by **June 2, 2022**. Please print clearly in blue or black ink.

1. CLASS MEMBER INFORMATION

Required Information:

First: _____ M: _____ Last: _____

Address: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Country: _____

Phone: _____

Optional Information:

Email: _____

2. PAYMENT ELIGIBILITY INFORMATION

To prepare for this section of the Claim Form, please review the Settlement Notice and Sections 2.1 through 2.3 of the Settlement Agreement (available for download at Cbmdmddatabreachsettlement.com for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

To help us determine if you are entitled to a settlement payment, please provide as much information as possible.

A. Verification of Class Membership

You are only eligible to file a claim if you used a credit or debit card in connection with an online purchase with cbdMD during the time of the cbdMD Security Incident. **Specifically, your online purchase must have been made between March 30, 2020 at 00:03:12 UTC (Coordinated Universal Time) (March 29, 2020 at 8:03 pm ET) and the end of May 8, 2020, or between May 14, 2020 at 21:02:57 UTC (6:02:57 pm ET) through the end of May 18, 2020.**

By submitting a claim and signing the certification below, you are verifying that you used a credit or debit card in connection with an online purchase with cbdMD during the time of the cbdMD Security Incident.

In addition, to allow the Settlement Administrator to confirm your membership in the Class, you must provide either:

(1) The unique identifier provided in the Notice you received by postcard or email;

or

(2) the first four and last four digits of the number associated with the credit or debit card you claim to have used in connection with your online cbdMD purchase,

or

(3) a document or documents reflecting your use of a payment card in connection with your online cbdMD purchase during the Security Incident, which could include, for example, a receipt from cbdMD reflecting payment by a payment card, a payment card statement or bill, or notification from a bank or financial institution stating that the payment card was compromised during the Security Incident with the dates and times noted above.

IF YOU HAVE NOT BEEN PROVIDED WITH A UNIQUE IDENTIFIER (USERNAME AND PASSWORD) YOU WILL NOT BE ABLE TO FILE A CLAIM THROUGH THE CLAIMS PORTAL AND WILL NEED TO FILE A PAPER CLAIM THROUGH THE MAIL.

Thus, please **EITHER**:

(1) Provide the unique identifier provided in the Notice you received: _____.
(username)

OR

(2) In the spaces provided below, please provide the first four and last four digits of the card number for each credit or debit card that you used in connection with your online cbdMD purchase during the dates and times of the Security Incident. For each credit or debit card number, provide the date(s) of the transaction(s).

FIRST FOUR DIGITS: _____ **LAST FOUR DIGITS:** _____

Date of Transaction: _____

OR

- (3) Attach and identify the documentation that reflects your use of a payment card in connection with your online cbdMD purchase during the Security Incident. Please note that the documentation must reflect the use of a payment card and the date of the transaction.

B. Out-Of-Pocket Expenses

Check the box for each category of out-of-pocket expenses, fraudulent charges, or lost time that you incurred as a result of the cbdMD Security Incident. Please be sure to fill in the total amount you are claiming for each category and attach the required documentation as described in **bold type** (if you are asked to provide account statements as part of required proof for any part of your claim, you may redact unrelated transactions and all but the first four and last four digits of any account number, if you wish). Please round total amounts to the nearest dollar.

I. Ordinary Expenses Resulting from the cbdMD Security Incident

- Fees or other charges from your bank or credit card company due to fraudulent activity on your card incurred between March 30, 2020 and the Claims Deadline due to the cbdMD Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Fees or other charges relating to the reissuance of your credit or debit card incurred between March 30, 2020 and the Claims Deadline due to the cbdMD Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Fees that your bank charged you because you requested a new credit or debit card.

Required: Attach a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Fees relating to your account being frozen or unavailable incurred between March 30, 2020 and the Claims Deadline due to the cbdMD Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: You were charged interest by a payday lender due to card cancellation or due to over-limit situation. You had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card.

Required: Attach a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Other incidental expenses, including telephone, internet, or postage expenses, directly related to the cbdMD Security Incident incurred between March 30, 2020 and the Claims Deadline due to the cbdMD Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Other out of pocket expenses, long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

Required: Attach a copy of the bill from your telephone company, mobile phone company, or internet service provider or other documentation that shows the expenses (you may redact unrelated transactions and all but the first four and last four digits of any account number).

- Credit Reports or credit monitoring charges purchased between March 30, 2020 and the Claims Deadline due to the cbdMD Security Incident. This category is limited to a maximum of \$80 in costs associated with credit monitoring or identity theft insurance, if purchased primarily as a result of the Security Incident and if purchased between March 30, 2020 and the Claims Deadline.

To obtain reimbursement under this category, you must attest to the following:

- I purchased credit reports between March 30, 2020 and the Claims Deadline, primarily due to the Security Incident and not for other purposes.

DATE	COST

Examples: The cost of a credit report(s) that you purchased after hearing about the Security Incident.

Required: Attach a copy of a receipt or other proof of purchase for each product purchased

(you may redact unrelated transactions).

Between one (1) and three (3) hours of documented time spent dealing with replacement card issues or in reversing fraudulent charges between March 30, 2020 and the Claims Deadline that occurred as a result of the cbdMD Security Incident (round to the nearest hour and check only one box).

1 Hour

2 Hours

3 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or emails, or on the internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

Required: If time was spent on the telephone or online, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. Examples: If the time was spent trying to reverse fraudulent charges, describe what you did. If the time was spent updating accounts due to your card being reissued, identify the other accounts that had to be updated.

II. Reimbursed Fraudulent Charges

Did you also have fraudulent charges to a credit or debit card account that were reversed or repaid as a result of the Security Incident? If so, in addition to your out-of-pocket expenses, you are eligible to claim a \$20 cash payment for each debit or credit card on which fraudulent charges were made and reversed or repaid, to compensate for lost time associated with seeking reimbursement for the fraud. (See Section 2.1 of the Settlement Agreement.)

FIRST FOUR AND LAST FOUR DIGITS OF CARD	DATE CHARGES REVERSED (ONLY 1 PER CARD REQUIRED)

Required: For each card, provide a card statement or other documentation showing (1) one or more fraudulent charges were posted to your account that you believe were caused by the cbdMD Security Incident, and (2) the charges were later reversed or reimbursed by the bank or credit card company (you may redact unrelated transactions and all but the first four and last four digits of any account number).

III. Extraordinary Expenses

If you have expenses related to the Security Incident that are more than the value or different than the type of ordinary expenses covered in the categories in Sections I and II above, you may be entitled to compensation for your extraordinary expenses. To obtain reimbursement under this category, you must attest to the following:

- I incurred out-of-pocket unreimbursed expenses that occurred more likely than not as a result of the cbdMD Security Incident during the time period from March 30, 2020 through the end of the Claims Deadline other than those expenses covered by one or more of the categories above, and I made reasonable efforts to avoid, or seek reimbursement for the losses.

- Unreimbursed fraudulent charges incurred between March 30, 2020 and the Claims Deadline due to the cbdMD Security Incident.

DATE	DESCRIPTION	AMOUNT

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company. *Note: most banks are required to reimburse customer in full for fraudulent charges on payment cards that they issue.*

Required: The bank statement or other documentation reflecting the fraudulent charges, as well as documentation reflecting the fact that the charge was fraudulent (you may redact unrelated transactions and all but the first four and last four digits of any account number). If you do not have anything in writing reflecting the fact that the charge was fraudulent (e.g., communications with your bank or a police report), please identify the approximate date that you reported the fraudulent charge, to whom you reported it, and the response.

Date reported: _____

Description of the person(s) to whom you reported the fraud:

- Other unreimbursed out-of-pocket expenses that were incurred between March 30, 2020 and the Claims Deadline as a result of the cbdMD Security Incident that are not accounted for in your response above.

DATE	DESCRIPTION	AMOUNT

Examples: This category includes any other unreimbursed expenses or charges that are not otherwise accounted for in your answers to the questions above, including any expenses or charges

that you believe were the result of an act of identity theft.

Required: Describe the expense, why you believe that it is related to the cbdMD Security Incident, and provide as much detail as possible about the date you incurred the expense(s) and the company or person to whom you had to pay it. Please provide copies of any receipts, police reports, or other documentation supporting your claim. For claims of reimbursement for lost time, you must provide actual documentation reflecting the amount of time you spent dealing with replacement card issues or in reversing fraudulent charges sufficient to prove how much time was spent, on what, and that the time was spent on issues related to the cbdMD Security Incident. The Settlement Administrator may contact you for additional information before processing your claim.

C. Certification

I declare under penalty of perjury under the laws of the United States and the State of _____ that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee before my claim will be considered complete and valid.

Print Name: _____

Signature: _____

Date: _____

D. Submission Instructions

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **June 2, 2022**.

cbdMD Settlement
c/o Settlement Administrator
PO Box 59479
Philadelphia, PA 19102-9479