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**KOONS DATA INCIDENT SETTLEMENT CLAIM FORM**

This Claim Form should be filled out and submitted by mail if you received notice that your private information was potentially compromised in the Data Security Incident involving Jim Koons Management Company that was discovered on June 5, 2021 and announced on January 14, 2022, or if you otherwise believe you were affected by the Data Security Incident.

You may receive a payment if you properly and timely complete this Claim Form, the settlement is approved, and you are found to be eligible for a payment.

The Notice describes your legal rights and options. You can obtain the Notice and further information about the Litigation, the Class Settlement Agreement and Release, and your legal rights and options on the official settlement website, [www.koonssettlement.com](http://www.koonssettlement.com), or by calling 833-709-0664.

Your claim must be submitted online or postmarked by February 23, 2023 to be considered for payment. If you prefer to receive payment via Venmo, Paypal, Zelle, Prepaid Mastercard or Direct Deposit (instead of a check), you must submit a Claim Form online on the Settlement Website at [www.koonssettlement.com](http://www.koonssettlement.com).

You can submit your claim for a settlement award in two ways:

1. Online at [www.koonssettlement.com](http://www.koonssettlement.com) by following instructions on the “Submit a Claim” page; or
2. By mail to the Claims Administrator at this address:

Morelli v. Jim Koons Management Co.  
 c/o Kroll Settlement Administration  
 PO Box 225391  
 New York, NY 10150-5391

Only one Settlement Claim may be submitted per Settlement Class Member.

**1. CLASS MEMBER INFORMATION (REQUIRED)**

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First Name \_\_\_\_\_ M.I \_\_\_\_\_ Last Name \_\_\_\_\_

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Street Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Email Address (if any) \_\_\_\_\_@\_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Telephone

Also, please provide the Class Member ID the Claims Administrator provided to you in the letter or email notifying you of the Settlement. If you do not have this information but believe you may be a Class Member, please contact the Claims Administrator at 833-709-0664.

Class Member ID: 6 2 0 1 0 \_\_\_\_\_



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**2. PAYMENT ELIGIBILITY INFORMATION AND IDENTITY-THEFT PROTECTION(REQUIRED)**

For more information about this Section of the Claim Form and the types of awards available and rules for receiving an award, please review the Notice and Section 3 of the Class Settlement Agreement and Release (available at www.koonssettlement.com). You may select any or all of the awards for which you are eligible.

**A. Lost-Time Reimbursement.**

You may be eligible for reimbursement of up to three hours of lost time spent remedying issues related to the Data Security Incident (at \$20 per hour with a maximum payment for lost time of \$60) with an attestation that you spent the number of hours claimed making reasonable efforts to deal with the Data Security Incident. You must have spent at least one full hour to make a claim.

Round to the nearest hour and check only one box.

How much time did you spend (check one)?  1 Hour (\$20)  2 Hours (\$40)  3 Hours (\$60)

**Attestation**

I swear and affirm that I spent the number of hours claimed above making reasonable efforts to deal with the Data Security Incident.

**B. Documented Ordinary Out-of-Pocket Expenses.**

You may receive reimbursement for documented out-of-pocket expenses or costs incurred as a result of the Data Security Incident, up to \$500. The maximum amount Koons is required to pay per Claim for ordinary out-of-pocket expenses is \$500. To do so, (1) itemize your expenses or out-of-pocket costs in the chart below; (2) sign the certification at the end of this Claim Form, attesting that all information submitted is true and correct, that you incurred these expenses as a result of the Data Security Incident, and that none of your claimed out-of-pocket expenses have already been reimbursed by any other source; (3) include with this Claim Form documentation supporting each claimed expense or cost; and (4) provide your address above.

Documentation is required for claimed expenses. Please be sure to include documentation to expedite the processing of your Claim.

Date	Description	Amount
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$

**Total:** \_\_\_\_\_

**Documentation:** Attach supporting documentation. For example, a bank statement showing claimed fees (you may redact unrelated transactions and all but the last four digits of any account number).



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**C. Documented Out-Of-Pocket- Extraordinary Expense Reimbursement.**

A Settlement Class Member who was the victim of actual documented identity theft may receive reimbursement for documented extraordinary out-of-pocket expenses or costs incurred as a result of the Data Security Incident, up to \$4,500. The maximum amount Koons is required to pay per Claim for out-of-pocket extraordinary expenses is \$4,500. To do so, (1) the loss must be an actual, documented and unreimbursed monetary loss; (2) the loss must be more likely than not caused by the Data Security Incident; (3) the loss must have occurred between June 5, 2021, and the date of the close of the Claims Period; and (4) the loss must not be already covered by one or more of the reimbursement categories listed for Ordinary Expenses and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. Include with this Claim Form documentation supporting each claimed expense or cost and provide your address above.

*Please provide documentation of identity theft and a detailed description below or in a separate document submitted with this Claim Form.*

Date	Description	Amount
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$
____/____/_____ mm/dd/yyyy		\$

**Total:** \_\_\_\_\_

**D. Payment to California Settlement Subclass Members.**

If you were sent the “Notice of Security” letter dated on or about January 14, 2022 to a California address, you are eligible to claim a \$100 cash payment.

I was sent “Notice of Security” letter to the California address listed below and wish to claim the \$100 cash payment.

**California Address where Data Incident Notice was sent to you**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code



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**3. CREDIT MONITORING**

All Settlement Class Members who previously enrolled in the credit monitoring service previously offered by Jim Koon shall have the term of their credit monitoring automatically extended by two (2) years. All Settlement Class Members who did not previously enroll in the credit monitoring product offered by Jim Koons are eligible to claim two (2) years of credit monitoring under the same service previously offered.

If you did not previously enroll in the credit monitoring product offered by Jim Koons, do you wish to sign up now?

Yes, I want to sign up to receive free Credit Monitoring, and my email address is as follows:

Email Address: \_\_\_\_\_@\_\_\_\_\_

If you select “YES” for this option, you will need to follow instructions and use an activation code that you receive after the Settlement is final. Credit Monitoring Protections will not begin until you use your activation code to enroll. Activation instructions will be provided to your email address or, if you do not have an email address, to your home address listed on this Claim Form.

**4. CERTIFICATION**

The information I have supplied in this Claim Form is true and correct to the best of my recollection and this form was executed on the date set forth below.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm/dd/yyyy

Once you’ve completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by February 23, 2023.

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