

Your claim must be submitted online or postmarked by: July 20, 2026

Adnan Ansar v. The Gill Corporation
Case No. 2:24-CV-08875
United States District Court, Central District of California, Western Division
CLAIM FORM

OCR CLAIM

GENERAL INSTRUCTIONS

You are a member of the Settlement Class and eligible to submit a Claim Form if:

YOUR PERSONAL INFORMATION WAS POTENTIALLY IMPACTED BY A CYBERSECURITY INCIDENT THAT THE GILL CORPORATION DISCLOSED AROUND SEPTEMBER 2024, A PROPOSED CLASS ACTION SETTLEMENT MAY AFFECT YOUR LEGAL RIGHTS.

The Settlement Benefits

Payments will vary, however, Settlement Class Members may submit a claim for either: (1) Documented Loss Payments – up to a total of \$5,000 per claimant; or (2) a *pro rata* Settlement Payment in cash ('Cash Fund Payment'). In addition, all Settlement Class Members may elect to receive two years of three-bureau monitoring and insurance.

Documented Loss Payment: To receive reimbursement for out-of-pocket losses related to the Data Incident, you must include proof of your loss, such as receipts, bank statements, or correspondence showing the loss.

Cash Fund Payment: Settlement Class Members can make a claim to receive a *pro rata* Cash Fund Payment. The amount of each cash payment depends on the number of valid claims and the total paid for documented losses, but is currently estimated to exceed \$100 per claimant.

Credit Monitoring Services. In addition to making a claim for either a Documented Loss Payment or a Cash Fund Payment, all Settlement Class Members may elect to receive two (2) years of three-bureau credit monitoring and identity theft protection services with \$1 million in insurance, regardless of whether they also seek monetary relief.

This Claim Form may be submitted electronically *via* the Settlement Website at www.TGCSettlement.com.com or completed and mailed, including any supporting documentation, to: The Gill Corporation Data Breach, c/o Atticus Administration, Attn: Claim Forms, PO Box 64053, Saint Paul, MN 55164. If you do not have Internet access or postage, you may call 1-800-862-0166 to request a free paper Claim Form and pre-stamped return envelope.

If you prefer to read this Notice in Spanish, visit www.TGCSettlement.com or call 1-800-862-0166 to request a printed Spanish version. ***Para leer este aviso en español, visite www.TGCSettlement.com o llame al 1-800-862-0166.***

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

QUESTIONS? VISIT www.TGCSettlement.com.com OR CALL TOLL-FREE 1-800-862-0166

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Email Address

Telephone Number

Notice ID, if known

II. EXPENSE REIMBURSEMENT

- Check this box if you are requesting compensation for **Expense Reimbursement** up to a total of \$5,000.00. **You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

Complete the chart below describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount
<i>Example: Receipt for credit repair services</i>	\$100
TOTAL AMOUNT CLAIMED:	

- You must check this box to attest that the out-of-pocket expenses and charges you listed above actually occurred and arose from the Data Breach.

***Please select either Expense Reimbursement (II) or Cash Payment (III), not both.**

III. CASH PAYMENT

- Check this box if you wish to receive a pro rata Cash Fund Payment (amount dependent on number of valid claims, currently estimated to exceed \$100 per claimant).

***Please select either Expense Reimbursement (II) or Alternative Cash Payment (III), not both**

IV. CREDIT MONITORING SERVICES

- Check this box if you wish to enroll in two (2) years of three-bureau Credit Monitoring and Identity Theft Protection Services with \$1 million in insurance. This benefit is **in addition** to either the Expense Reimbursement (Section II) or Cash Payment (Section III) option selected above.

A unique redemption code, allowing Settlement Class Members to enroll in these services will be sent to each Settlement Class Member who submits a valid claim for such services after the Court approves the Settlement as final and after any appeals are resolved.

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V. PAYMENT SELECTION

Payment options apply only to Cash Fund Payments and Documented Loss reimbursements. Credit Monitoring will be provided via enrollment code. Please select **one** of the following payment options:

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: _____

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

VI. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury 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 Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date