IN RE CHRISTIE'S DATA BREACH LITIGATION CLAIM FORM

SETTLEMENT BENEFITS - WHAT YOU MAY GET

You may submit a claim form if you are an individual residing in the United States whose Private Information was compromised as a result of the Data Breach and who were sent notice of the Data Breach that occurred in May 2024.

The easiest way to submit a claim is online at <u>www.ChristiesDataSettlement.com</u>, or you can complete and mail this claim form to the mailing address above.

You may submit a claim for one or more of these benefits:

(1) Pro Rata Cash Payment:

You may elect to receive a Pro Rata Cash Payment. The payments shall be calculated by dividing remaining funds in the Settlement Fund, after payment of Settlement Administration Fees, Attorneys' Fees Costs and Expenses, Credit Monitoring and Identity Restoration Services, and Documented Monetary Losses, by the number of eligible claims. The pro rata cash payment is estimated to be \$100, but will be adjusted upwards or downwards based upon the number of valid claims filed. Settlement Class Members may claim both Reimbursement for Documented Monetary Losses and a Pro Rata Cash Payment.

(2) <u>Reimbursement for Documented Monetary Losses:</u>

All Settlement Class Members who timely submit a Valid Claim are eligible for up to a total of \$10,000.00 per person for actual documented monetary losses fairly traceable to the Data Breach incurred by a Settlement Class Member between May 8, 2024, and the Claims Deadline.

You must submit documentation supporting your Claim Form for Documented Monetary Losses, which may include but are not limited to (i) out-of-pocket credit monitoring costs that were incurred on or after May 8, 2024 through the date of claim submission; (ii) unreimbursed losses associated with actual fraud or identity theft; and (iii) unreimbursed bank fees, long distance phone charges, postage, or gasoline for local travel. Settlement Class Members may make claims for any documented unreimbursed out-of-pocket losses reasonably related to the Data Breach or to mitigating the effects of the Data Breach.

Documentation supporting your losses can include receipts or other documentation that show the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

(3) <u>California Statutory Payment:</u>

Settlement Class Members who were residents of California from May 8, 2024, to the end of the claims period ("California Settlement Class Members") can submit a claim for payment of up to \$100.00 for their potential statutory claims under the California Consumer Privacy Act ("California Statutory Payment"). The California Statutory Payment is an additional settlement benefit made available to California Settlement Class Members that is in addition to reimbursement of claims for Documented Monetary Losses and a Settlement Class Member's selection of a Pro Rata Cash Payment.

(4) Credit Monitoring and Identity Theft Restoration Services:

In addition to selecting a Pro Rata Cash Payment, compensation for Documented Monetary Losses, and/or a California Statutory Payment (if eligible), you may elect to receive two (2) years of free three-bureau credit monitoring and Identity Restoration Services with at least \$1 million of fraud/identity theft insurance.

(5) Business Practice Commitments:

Although Christie's denies any wrongdoing or liability, Plaintiffs have received confidential assurances that the Christie's has already and is continuously implementing additional security enhancements including defensive tools and increased monitoring. Christie's has committed to maintain its additional security measures for a period of 3 years following the effective date of this Settlement.

Claims must be submitted online or mailed by June 19, 2025. Use the address at the top of this form to mail your Claim Form.

Please note: the Settlement Administrator may contact you to request additional documents to process your claim. Your Settlement benefits may decrease depending on the number of claims filed.

For more information and complete instructions visit www.ChristiesDataSettlement.com.

Please note that Settlement benefits will be distributed after the Settlement is approved by the Court and becomes final.

	Your Information	1	
First Name*	Middle Initial	Last Name*	
Mailing Address: Street Address/P.O. Box (include	Apartment/Suite/Floor Number)*		
City*		State*	Zip Code*
Current Email Address*		Phone Number*	
Settlement Claim ID*			
	Pro Rata Cash Paym	ent	
Payments may be made by electronic payment of the Settlement Fund (\$990,000.00), the valu will be reduced on a pro rata basis (a legal t Claims does not exceed the Settlement Fund costs, Service Awards, and Plaintiffs' Counsel's I wish to receive a Pro Rata Cash	ue of the Pro Rata Cash Payments to erm meaning equal share), so that (after payment of all approved Doc	each Settlement Clas the total value of the umented Monetary I	ss Member who submitted a Valid Claim e Pro Rata Cash Payments for all Valid
Reimb	ursement for Documented	Monetary Loss	es
You can receive reimbursement for up to a to Breach incurred by a Settlement Class Membe			et expenses fairly traceable to the Data
You must submit documentation supporting unreimbursed costs, expenses or charges inco other issues reasonably traceable to the Data I	urred addressing or remedying iden		
Documentation supporting your losses can in- such as handwritten receipts are, by themsel other submitted documentation.			
Expense Type and Example of Documents	Approximate Amount of Expense and Date		Expense or Money Spent and Supporting Documents are attaching, and why it's related to the Data Breach)
Out-of-pocket credit monitoring costs that were incurred on or after May 8, 2024 through the date of claim submission.			
Unreimbursed bank fees, long distance phone charges, postage, or gasoline for local travel.			
Professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or identity theft.			
Other losses or costs resulting from identity theft or fraud (provide a detailed description or a separate document with this Claim Form)			
Professional fees including attorneys' and accountants' fees, and fees for credit repair services.			

I attest that the losses or expenses claimed were incurred as a result of the Data Breach.

Credit Monitoring and Identity Theft Restoration Services			
You may choose to elect to receive two (2) years of free three-bureau credit monitoring. Please include your email address and mailing address on my information page.			
I wish to receive two (2) years of free three-bureau credit monitoring.			
California Statutory Payment			
If you were a resident of California from May 8, 2024, to the end of the claims period, you may claim a payment of up to \$100.00 for potential statutory claims under the California Consumer Privacy Act. The California Statutory Payment is an additional settlement benefit available to California Settlement Class Members that is in addition to reimbursement of claims for Documented Monetary Losses and a Settlement Class Member's selection of a Pro Rata Cash Payment.			
I wish to receive and am eligible for a \$100 California Statutory Payment.			
I swear and affirm under penalty of perjury that I was a resident of California from May 8, 2024 through the date of this submission.			
Payment Selection			
Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment.			
Venmo			
Enter the mobile number or small address associated with your Venne assount			
Enter the mobile number or email address associated with your Venmo account			
Zelle			
Enter the mobile number or email address associated with your Zelle account			
Physical Check - Payment will be mailed to the address provided above.			
Cigno dana			
Signature			
I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.			
I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.			
Signature Printed Name Date			