

Your claim must be submitted online or postmarked by: July 21, 2026

CLAIM FORM FOR UNION BANK AND TRUST COMPANY
DATA BREACH SETTLEMENT

UNION
BANK AND
TRUST

Scott, et. al. v. Union Bank & Trust Co. et. al., Case No. 1:23-cv-12436-ADB (D. Mass.)

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES

GENERAL INSTRUCTIONS

If you were notified by Union Bank and Trust Company (“UBT”) that your Personally Identifiable Information (“PII”) was impacted by the Security Incident that resulted from an alleged vulnerability in the third-party file transfer software, MOVEit Transfer (the “Security Incident”), you are a member of the Settlement Class and eligible to complete this Claim Form to request two (2) years of identity protection and credit monitoring services free of charge and **either**: (1) compensation for documented unreimbursed out-of-pocket expenses of up to \$2,500 (“Ordinary Losses”), including up to four (4) hours of lost time at \$25 per hour and monetary losses up to a total of \$10,000 (“Extraordinarily Losses”); **or** (2) an alternative cash payment of \$100 (subject to *pro rata* reduction or increase based on total claim submission) without the need to prove any loss.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the Security Incident, including bank fees, long-distance phone charges, cellphone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel;
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after May 31, 2023 through July 21, 2026; and
3. Lost Time spent dealing with the Security Incident compensated at a rate of \$25 per hour for up to four (4) hours.

Extraordinary Losses include compensation for proven monetary losses, professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services incurred as a result of the Security Incident.

Compensation for the above losses (except lost time) will only be paid if:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the Security Incident;
- The loss occurred between May 31, 2023 and July 21, 2026; and
- Documentation of the claimed losses is not “self-prepared.” Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

Alternative Cash Payment. In lieu of claiming compensation for Ordinary Losses or Extraordinary Losses, members of the Settlement Class may elect to receive a one-time payment of \$100 (subject to *pro rata* reduction or increase based on total claim submission) as a result of the Security Incident.

Claims for the Alternative Cash Payment are subject to potential proration, depending on the number and amount of claims received.

Please read the claim form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.

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This Claim Form may be submitted electronically *via* the Settlement Website at www.UBTDataSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Union Bank and Trust Company Data Breach Settlement
c/o RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

PLEASE DO NOT SUBMIT YOUR CLAIM FORM TO THE COURT OR THE COURT CLERK'S OFFICE

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.

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First Name

Middle Initial

Last Name

--

Street Address

--

City

--

State

--

Zip Code

--

Email Address

--

Telephone Number

II. PROOF OF CLASS MEMBERSHIP

Enter the Claimant ID Number provided on your Notice:

--

Claimant ID Number

III. IDENTITY THEFT PROTECTION

- Check this box if you wish to receive two (2) years of free identity protection and credit monitoring service. You may receive this service even if you previously elected to receive credit monitoring through UBT or another provider.

Questions? Go to www.UBTDataSettlement.com or call 800-464-3215

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V. COMPENSATION FOR EXTRAORDINARY LOSSES

Members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following documented extraordinary losses, not to exceed \$10,000, as a result of the Security Incident:

Table with 3 columns: Cost Type (Fill all that apply), Approximate Date of Loss (mm/dd/yy), and Amount of Loss (\$). Includes a row for 'Other proven monetary losses relating to fraud or identity theft...' with two empty rows for date and amount.

Examples of Supporting Documentation: Invoices or statements reflecting payments made for professional fees/services.

VI. ALTERNATIVE CASH PAYMENT

As an alternative to claiming compensation for Ordinary Losses and Extraordinary Losses above, members of the Settlement Class who submit a valid and timely claim may elect to receive a one-time \$100 payment...

NOTE: The alternative cash payment cannot be combined with claims for reimbursement of Ordinary Losses, Lost Time, and Extraordinary Losses, and by checking the box below, you will forfeit any other claim for compensation (except Credit Monitoring) included in this Claim Form.

Check this box if you wish to receive an alternative \$100 cash payment (subject to pro rata reduction or increase based on total claim submission).

VII. PAYMENT SELECTION

Please select one of the following payment options, which will be used should you be eligible to receive a settlement payment:

PayPal Venmo Zelle Physical Check (Payment will be mailed to the address provided above.)

-If you selected PayPal, Venmo, or Zelle, please enter the mobile number or email address associated with your electronic payment account. (If a valid mobile number or email address is not provided for your electronic payment, you will be mailed a physical check to the address provided above.)

Mobile Number: - or Email Address:

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VIII. MEDICARE BENEFICIARY

Were you a Medicare beneficiary during the time period of May 31, 2023 to the present? (check one)

Yes No

If you are a Medicare beneficiary receiving more than \$750 under this settlement, the Settlement Administrator may need to contact you for additional information related to Medicare reporting requirements.

IX. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature

Printed Name

Date