

**Your claim must
be submitted
online or
postmarked by:
May 27, 2025**

**CLAIM FORM FOR LOANDEPOT DATA BREACH
SETTLEMENT**

**LDT
CLAIM**

***In re loanDepot Data Breach Litigation*
Case No. 8:24-cv-00136-DOC-JDEx (C.D. Cal.)**

YOU MAY USE THIS FORM TO MAKE A CLAIM FOR FINANCIAL MONITORING AND IDENTITY THEFT INSURANCE SERVICES, A MONETARY AND CALIFORNIA SUBCLASS CASH PAYMENT, AND/OR REIMBURSEMENT OF OUT-OF-POCKET COSTS

The DEADLINE to submit this Claim Form is: May 27, 2025

I. GENERAL INSTRUCTIONS

If you are one of the approximately 16.9 million individuals associated with loanDepot, Inc. and loanDepot.com, LLC (collectively, “loanDepot”) who were sent a notice letter about a data breach that occurred on or about January 3-5, 2024, whereby unauthorized parties potentially acquired your personally identifiable information, including name, address, email address, financial account numbers, Social Security number (“SSN”), phone number, and dates of birth (the “Data Breach”), you are on the Settlement Class List and entitled to participate in the Settlement. If you received a notice about this class action Settlement addressed to you, then the Settlement Administrator has already determined that you are a Settlement Class Member. If you are not sure whether you are a Settlement Class Member, you may go to the Settlement Website at www.LoanDepotBreachSettlement.com, or email the Settlement Administrator at info@LoanDepotBreachSettlement.com. Any capitalized terms not specifically defined in this Notice are intended to have the same meanings as in the Settlement Agreement, which is available at www.LoanDepotBreachSettlement.com.

As a Settlement Class Member, you are eligible to receive two years of free Financial Monitoring and Identity Theft Insurance Services; an approximate monetary cash payment between \$34.37 and \$5.30, if the participation rate is between 2% and 10% respectively, before deducting the Out-of-Pocket Costs Payments from the remaining Net Settlement Fund (“Monetary Payment”); and a cash payment of up to \$5,000.00 for documented out-of-pocket losses or expenditures fairly traceable to the Data Breach (“Out-of-Pocket Costs”). If you are a member of the California Subclass, you qualify for an additional cash payment for the claim brought under the California Consumer Privacy Act, Cal. Civ. Code §§ 1798.150, et seq. (“CCPA”), expected to be between \$74.52 and \$14.90, if the participation rate for California residents is between 2% and 10%, respectively. You are considered a member of the California Subclass if the Settlement Class List identifies you as a California resident at the time of the Data Breach, or you provide Reasonable Documentation demonstrating that you were a California resident between January 3, 2021, and December 2, 2024.

The free Financial Monitoring and Identity Theft Insurance Services offered is provided by CyEx by Pango Group and valued at \$12.95 per month. If you are already subscribed to this plan, two additional years will be added to your current plan for free.

CASH PAYMENTS WILL BE SENT ELECTRONICALLY VIA PREPAID CARD TO THE EMAIL ADDRESS WHERE THE NOTICE WAS SENT, UNLESS ANOTHER EMAIL ADDRESS IS PROVIDED OR ANOTHER PAYMENT METHOD IS REQUESTED BELOW. CASH PAYMENTS MAY BE REDUCED PRO RATA (PROPORTIONATELY) DEPENDING ON HOW MANY PEOPLE SUBMIT CLAIMS. Additional payments may also be provided to you if the Net Settlement Fund is not exhausted. Complete information about the Settlement and its benefits are available at www.LoanDepotBreachSettlement.com.

This Claim Form may be submitted online at www.LoanDepotBreachSettlement.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, to:

In re loanDepot Data Breach Litigation
c/o Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Questions? Go to www.LoanDepotBreachSettlement.com or call 1-844-996-4090

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LDT CLAIM

II. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of cash payments and Financial Monitoring and Identity Theft Insurance Services, you must notify the Settlement Administrator in writing at the address above.

First Name MI Last Name

Alternative Name(s)

Mailing Address, Line 1

Mailing Address, Line 2

City State Zip Code

Telephone Number (Primary) Telephone Number (Secondary)

Email Address (where Cash Payment(s) will be sent electronically)

Notice ID Number Provided on Notice (if known)

III. FINANCIAL MONITORING AND IDENTITY THEFT INSURANCE SERVICES

If you wish to receive Financial Monitoring and Identity Theft Insurance Services, you must provide your email address in Section II, above, and return this Claim Form. Submitting this Claim Form will not automatically enroll you into Financial Monitoring and Identity Theft Insurance Services. To enroll, you must follow the instructions sent to the email address you provide above, after the Settlement is approved and becomes final.

IV. MONETARY CASH PAYMENT

If you wish to receive a Monetary Payment, fill out Section II, above, and return this Claim Form. A cash payment will be sent electronically to the email address you provide, provided the amount is not less than \$3.00 based on the number of claims submitted. The amount will depend on the participation rate for the Settlement. The amount will be each Participating Settlement Class Member's pro rata share of the remaining Net Settlement Fund, after all other Settlement Benefits have been paid out of the Remaining Net Settlement Fund, including the cost for the

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Cost Type (Check all that apply)	Date of Loss (Approximate)	Amount of Loss	Description of Reasonable Documentation (What you are attaching and why)
<input type="checkbox"/> Losses from identity theft or fraud	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) </div>	<div style="text-align: center;"> \$ <input type="text"/> , <input type="text"/> . <input type="text"/> . <input type="text"/> </div>	<i>Examples: Account statement with unauthorized charges highlighted; Correspondence from financial institution declining to reimburse you for fraudulent charges.</i>
<input type="checkbox"/> Fees or costs incurred in connection with identity theft or fraud	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) </div>	<div style="text-align: center;"> \$ <input type="text"/> , <input type="text"/> . <input type="text"/> . <input type="text"/> </div>	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; Accountant bill for re-filing tax return.</i>
<input type="checkbox"/> Lost interest or other damages resulting from delayed state or federal tax refund resulting from fraudulent tax return	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) </div>	<div style="text-align: center;"> \$ <input type="text"/> , <input type="text"/> . <input type="text"/> . <input type="text"/> </div>	<i>Examples: Letter from IRS or state taxing authority about tax fraud in your name; Documents reflecting length of time you waited to receive your tax refund and the amount thereof.</i>
<input type="checkbox"/> Credit freeze	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) </div>	<div style="text-align: center;"> \$ <input type="text"/> , <input type="text"/> . <input type="text"/> . <input type="text"/> </div>	<i>Examples: Notices or account statements reflecting payment for a credit freeze.</i>
<input type="checkbox"/> Credit monitoring that was purchased on or after January 3, 2024 through the date on which the Financial Monitoring and Identity Theft Insurance Services became available through the Settlement	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) </div>	<div style="text-align: center;"> \$ <input type="text"/> , <input type="text"/> . <input type="text"/> . <input type="text"/> </div>	<i>Examples: Receipts or account statements reflecting purchases made for identity theft protection and/or credit monitoring services.</i>

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Cost Type (Check all that apply)	Date of Loss (Approximate)	Amount of Loss	Description of Reasonable Documentation (What you are attaching and why)
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (such as police station or IRS office), indication of why you traveled there (i.e. police report or letter from IRS regarding falsified tax return) and number of miles you traveled.</i>
<input type="checkbox"/> Other (provide detailed description)	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<i>Please provide detailed description below or in a separate document submitted with this Claim Form.</i>

VI. CALIFORNIA SUBCLASS PAYMENT

If you received a Notice informing you that the Settlement Class List indicated you are a member of the California Subclass and you submit a claim, you will automatically be sent an additional California Subclass Payment for the claim brought under the CCPA, expected to be between \$74.52 and \$14.90, if the participation rate for California residents is between 2% and 10%, respectively. If you did not receive a Notice informing you that you are a member of the California Subclass, but you were a resident of California between January 3, 2021, and December 2, 2024, please (i) sign the attestation at the end of this Claim Form that you are a member of the California Subclass and (ii) submit documentation demonstrating you were a California resident between January 3, 2021, and December 2, 2024, including, but not limited to, credit card statements, bank statements, invoices, utility bills, telephone records, and receipts.

VII. ATTESTATION

(REQUIRED FOR OUT-OF-POCKET COSTS CLAIMS OR IF CLAIMING TO BE A MEMBER OF THE CALIFORNIA SUBCLASS)

I, _____ [Name], declare that I incurred the Out-of-Pocket Costs claimed above as a result of the Data Breach.

I, _____ [Name], declare that I was a resident of California between January 3, 2021, and December 2, 2024.

I declare under penalty of perjury under the laws of California and of the United States of America that the foregoing is true and correct.

Executed on _____, in _____.

[Date] [City] [State]

[Signature]

Questions? Go to www.LoanDepotBreachSettlement.com or call 1-844-996-4090