

**Your claim must be submitted online or postmarked by: February 12, 2025**

**PFC SETTLEMENT CLAIM FORM**

*Rodriguez v. Professional Finance Co. Inc.,*  
Case No. 1:22-cv-01679-RMR-STV  
United States District Court for the District of Colorado

**PFC**

**USE THIS FORM**  
**ONLY IF YOU ARE AN SSN SUBCLASS MEMBER**

**GENERAL INSTRUCTIONS**

If you received Notice of the settlement in this matter, and the notice identified you as an “SSN” Subclass Member, you may submit a claim for settlement benefits, outlined below, relating to the data incident experienced by Professional Finance Co, Inc. in February of 2022 (“Data Incident”).

**The easiest way to submit a claim is online at [www.professionalfinancesettlement.com](http://www.professionalfinancesettlement.com), or you can complete and mail this Claim Form to the mailing address below.**

*Rodriguez v. Professional Finance Co. Inc.*  
*c/o Kroll Settlement Administration LLC*  
*PO Box 225391*  
*New York, NY 10150-5391*

**To receive any of these benefits, you must submit the Claim Form below by February 12, 2025.**

**You may submit a claim for the following benefits:**

- 1) **Compensation for Losses:** The Settlement Fund<sup>1</sup> will provide compensation for unreimbursed losses, up to a total of \$500 per SSN Subclass Member, reduced or increased *pro rata* based on the claims rate and availability of funds, upon submission of a claim and supporting documentation, such as the following categories of claimed losses:
  - a) Monetary losses may include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys’ fees, accountants’ fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Breach through the Claims Deadline; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.
  - b) SSN Subclass Members with monetary losses must submit documentation supporting their claims. This can include receipts or other documentation not “self-prepared” by the claimant that document the costs incurred. “Self-prepared” documents such as handwritten receipts are, by

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<sup>1</sup> Capitalized terms have the same meaning stated in the Settlement Agreement. The Settlement Agreement is among the documents available on the Settlement Website identified in this document.

themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation.

- 2) **California Resident Payment:** SSN Subclass Members who were California residents when the Data Breach occurred may submit a Claim Form for an additional benefit of \$50 per SSN Subclass Member as compensation for their statutory claim(s) under the California Consumer Privacy Act (“California Claims”). To be eligible to receive compensation for California Claims, SSN Subclass Members must attest, under penalty of perjury, that they were residents of California at the time of the Data Breach. To redeem this \$50 payment, reduced or increased pro rata based on the claims rate and availability of funds, SSN Subclass Members need not submit any documentation (“California Payment”).
- 3) **Credit Monitoring:** SSN Subclass Members may claim for 24 months of Identity Defense Complete (“Credit Monitoring”). Documentation is not required to receive this benefit.

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

Please note: the Settlement Administrator may contact you to request additional documentation to process your claim. For more information and complete instructions, please visit [www.ProfessionalFinanceSettlement.com](http://www.ProfessionalFinanceSettlement.com). Questions? Go to [www.ProfessionalFinanceSettlement.com](http://www.ProfessionalFinanceSettlement.com) or call (833) 627-7416.

**Settlement benefits will be distributed only after the settlement is approved by the Court.**

#### **I. SSN SUBCLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. To guarantee receipt of validly claimed settlement benefits, you must notify the Settlement Administrator if your contact information changes after you submit this form.

**First Name**

**Last Name**

**Street Address**

**City**

**State**

**Zip Code**

**Email Address (optional)**

**Telephone Number**

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**II. COMPENSATION FOR LOSSES**

SSN Subclass Members may submit a claim for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$500 per SSN Subclass Member, incurred as a result of the Data Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Monetary losses may include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Breach through the Claims Deadline; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="margin-right: 5px;">/</span> <span style="margin-right: 5px;">/</span> </div>	<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <span style="margin-right: 5px;">.</span> </div>
<p><b>Examples of Supporting Third Party Documentation:</b> <i>Telephone bills, cell phone bills, gas receipts, postage receipts, bank account statements reflecting out-of-pocket expenses. Please note that these examples of reimbursable documented out-of-pocket losses are not meant to be exhaustive, but exemplary. You may make claims for any documented out-of-pocket losses that you believe are fairly traceable to the Data Incident and not incurred due to some other event or reason. You may redact information not necessary for your claim.</i></p>		
Cost Type	Approximate Date of Loss	Amount of Loss (Fill all that apply)
<input type="radio"/> Fees for credit reports, credit monitoring, or other identity theft insurance products incurred after February 1, 2022, that you attest were caused or otherwise incurred as a result of the Data Incident.	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="margin-right: 5px;">/</span> <span style="margin-right: 5px;">/</span> </div>	<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <span style="margin-right: 5px;">.</span> </div>

Questions? Go to [professionalfinancesettlement.com](http://professionalfinancesettlement.com) or call (833) 627-7416.

**Examples of Supporting Documentation:** *Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.*

Reimbursement for proven monetary loss, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred after February 1, 2022 that you attest were caused as a result of the Data Incident.

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

**YOU MUST SUBMIT DOCUMENTATION OF YOUR OUT-OF-POCKET EXPENSES**

I attest and affirm to the best of my knowledge and belief that any claimed expenses were incurred as a result of the Data Incident and not incurred due to some other event or reason.

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### III. CALIFORNIA RESIDENT PAYMENT

All SSN Subclass Members who were California residents when the Data Incident occurred in February 2022 may submit a claim to receive \$50, reduced or increased *pro rata* based on the claims rate and availability of funds, as compensation for their statutory claim(s) under California law. Documentation is not required.

I attest and affirm that I was a California resident when the Data Incident occurred in February of 2022.

### IV. IDENTITY THEFT PROTECTION

SSN Subclass Members who submit a valid claim are eligible to receive 24 months of free credit and identity monitoring services, called Identity Defense Complete. These services include:

- Credit Monitoring for credit files at Equifax®, Experian®, and TransUnion®, that also sends alerts when suspicious activity occurs that indicates fraud;
- Monthly Credit Score and Tracker that tracks credit status and trends with a monthly VantageScore 3.0;
- Change of Address Monitoring that sends an alert when mail is rerouted to a new address;
- Real-Time Credit Inquiry and Authentication Alerts where you receive a request for certain types of credit inquiries and account transactions using the customer's Social Security number;
- Dark Web Monitoring that tracks and alerts you when personal information is found on the dark web – such as black market websites, secret chat rooms, and underground forums;
- High-Risk Transaction Monitoring that monitors your personal information associated with high-risk transactions, such as online password resets, payday loan applications, tax refunds, wire transfers, and account access requests;
- Lost wallet Protection, where trained specialists help individuals cancel or replace lost or stolen credit cards;
- Security Freeze Assist that helps freeze credit files instantly from up to ten consumer reporting agencies, including the three major credit bureaus;
- \$1 million dollars in no-deductible insurance provided by a third-party insurer to cover certain costs related to identity theft or fraud;
- Victim Assistance and Customer Support from individuals specially trained in identity theft, fraud discovery, high-risk monitoring, and remediation; and
- Insight & tips for members on the user dashboard.

I want the Free Identity Defense Complete Services for which I am eligible.

*\*If you select this option, you will be sent instructions and an activation code after the settlement is final to your email address or home address.*

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**V. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of the state in which I reside 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. I understand the information I have provided may be subject to verification and audit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date