TransPerfect Settlement,
1801 Market Street, Suite 660
Philadelphia, PA 19103

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

Sackin et al. v. TransPerfect Global, Inc., No. 1:17-cv-1469-LGS

REIMBURSEMENT FORM

Eligible Settlement Class Members may submit one or more claims for reimbursement ("Claims") for documented economic costs related to the Data Breach which have not been reimbursed by Experian or other third party, up to an aggregate of $4,000.00 in reimbursement per Settlement Class Member, provided, however, that no Settlement Class member for whom an Experian plan has been provided by TransPerfect may submit a Claim unless said Settlement Class Member has first submitted a Claim to Experian, Experian has denied the claim, and said Settlement Class Member has exhausted Experian's claims process.

Additional information is contained in the Notice and the Settlement Agreement, both of which are available at www.TransPerfectSettlement.com or by calling 1-844-824-5797.

Settlement Class Members who wish to make a Claim for reimbursement of economic costs related to the Data Breach must provide to the Settlement Administrator information required to evaluate the Claim, including: (a) the Claimant's name and current address; (b) if applicable, a signed copy of IRS Form 14039 along with a statement under penalty of perjury that the form was submitted to the Internal Revenue Service; (c) the bills or invoices documenting the amount of the Claim and proof that the bills or invoices were paid; (d) documentation showing that the Claim was submitted and denied by Experian; and (e) a statement signed under penalty of perjury indicating that: (i) the economic costs claimed is related to the Data Breach; and (ii) the total amount claimed has not been reimbursed by any other third party. Third-party documentation of the economic costs is required to establish a Claim.

If a Settlement Class Member was provided notice of his or her entitlement to enroll in an Experian plan, but was not enrolled in such service at the time of the loss for which she or he seeks reimbursement arose, and the loss would have been covered under the identity theft insurance coverage provided through an Experian plan had the Settlement Class Member been enrolled, then the loss may not be claimed for reimbursement hereunder. In addition, any Settlement Class Member whose Reimbursement Claim to Experian is rejected for failure to submit a claim within Experian's required time period may not submit a Claim for reimbursement for documented economic costs related to the Data Breach.

Settlement Class Members must submit this documentation along with the form required below through the Settlement Website, or by mailing it to the following address:

TRANSPERFECT SETTLEMENT
1801 MARKET STREET, SUITE 660
PHILADELPHIA, PA 19103

If you have any questions, call 1-844-824-5797 or go to www.TransPerfectSettlement.com for more information.

Deadline: All Claims must be submitted to the Settlement Administrator on or before **February 10, 2021**.

CLAIMAINT INFORMATION

Please Type or Print in the Boxes Below

First Name

MI

Last Name

Mailing Address (Street, PO Box, Suite or Office Number)

City

State

Zip Code

Additional Information

Email Address (optional)

Telephone Number (optional)

I declare under penalty of perjury that:

☐ The economic costs I have claimed on this form is related to the Data Breach; and

☐ The total amount claimed has not been reimbursed by any other third party.

You may submit one or more reimbursement requests, but all of your requests cannot exceed an aggregate $4,000. Only one (1) form is needed for multiple costs incurred from the Data Breach.

Amount Requested:

$, .

Documentary proof must be submitted to support your exact claim amount.

Please provide a brief description of economic costs requested in this Claim, as well as an explanation of how such losses are related to the Data Incident. (You may attach additional pages if necessary).

Signature:_____ Print Name:_____	Date:_____ Your claim will be submitted to the Settlement Administrator for review. If your Reimbursement Form is incomplete, untimely, or contains false information, it may be rejected by the Settlement Administrator. If your claim is approved, you will be mailed a check at the street address you provide. This process takes time; please be patient.

REIMBURSEMENT FORMS MUST BE SUBMITTED ONLINE OR POSTMARKED NO LATER THAN FEBRUARY 10, 2021 TO BE ELIGIBLE FOR PAYMENT. FILE ONLINE AT WWW.TRANSPERFECTSETTLEMENT.COM OR MAIL THIS CLAIM FORM TO TRANSPERFECT SETTLEMENT, 1801 MARKET STREET SUITE 660, PHILADELPHIA PA 19103