

Your claim must be
submitted online or
postmarked by
October 9, 2025.

**CLAIM FORM FOR THE BANK OF CANTON DATA
BREACH SETTLEMENT**

**THE BANK
OF CANTON**

Gilmore v. The Bank of Canton
Case No. 1:23-cv-12711 (D. Mass.)

**USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS
TO MAKE A CLAIM FOR FINANCIAL COMPENSATION**

GENERAL INSTRUCTIONS

If you were notified by The Bank of Canton that your personally identifiable information was potentially impacted by the MOVEit Security Incident that resulted from an alleged vulnerability in the third-party file transfer software, MOVEit Transfer (the "MOVEit Security Incident"), you are a member of the Settlement Class and eligible to complete this Claim Form to request **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/or monetary losses up to a total of \$10,000 ("Extraordinary Losses"); **or** (2) an alternative cash payment of \$100 without the need to prove any loss. (These payments are subject to pro rata adjustment based on total claim submission.) You cannot receive the alternative cash payment if you are seeking compensation for Ordinary Losses or Extraordinary Losses.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the MOVEit Security Incident, including bank fees, long distance phone charges, cell phone 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 27, 2023, through October 9, 2025.
3. Lost Time spent dealing with the MOVEit Security Incident (\$25 per hour for up to four (4) hours).

Extraordinary Losses include compensation for proven monetary losses, professional fees (including attorneys' fees and accountants' fees), and fees for credit repair services incurred as a result of the MOVEit Security Incident. A claim for reimbursement of Extraordinary Losses is one not covered by one or more of the reimbursement of Ordinary Losses categories.

Limitations on Ordinary Losses and Extraordinary Losses: Compensation for the above Ordinary Losses and/or Extraordinary 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 MOVEit Security Incident;
- The loss occurred between May 27, 2023, and October 9, 2025; and
- You submit reasonable documentation in support of any claimed loss (except for loss time). 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, Settlement Class Members may elect to receive a one-time payment of \$100 without the need to prove any loss.

Pro Rata Adjustments: If the total value of Approved Claims exceeds the Net Settlement Fund, all Settlement Payments will be reduced on a pro rata basis. If the value of Approved Claims does not exhaust the Net Settlement Fund, the value of any Alternative Cash Payments for Approved Claims will be increased on a pro rata basis.

READ CAREFULLY: Please read this Claim Form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

This Claim Form may be submitted electronically *via* the Settlement Website at **CantonSettlement.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:

MOVEit Gilmore v. Bank of Canton
Settlement Administrator
P.O. Box 4875
Portland, OR 97208-4875

Questions? Go to CantonSettlement.com or call +1 888-884-3492.

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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.

First Name

MI

Last Name

Street Address

City

State

ZIP Code

Telephone Number

Email Address

II. PROOF OF CLASS MEMBERSHIP

Enter the Unique ID and PIN provided on your postcard notice and Email Notice (if known):

Unique ID

PIN

III. COMPENSATION FOR ORDINARY LOSSES

Members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed \$2,500 including lost time, as a result of the MOVEit Security Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
Out-of-pocket expenses incurred as a result of the MOVEit Security Incident, including bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	- - MM DD YY	\$ •
Examples of Supporting Documentation: <i>phone bills, gas receipts, postage receipts, list of locations to which you traveled (e.g., police station, IRS office), why you traveled there (e.g., police report or letter from IRS) and number of miles traveled.</i>		

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Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after May 27, 2023, through October 9, 2025.

– –
MM DD YY

\$ •

Examples of Supporting Documentation: *receipts or account statements reflecting purchases made for credit monitoring or identity theft insurance services.*

Members of the Settlement Class who spent time dealing with the MOVEit Security Incident may claim up to four (4) hours for lost time at a rate of \$25 per hour.

Hours claimed (up to 4):

☐ 1 Hour (\$25) ☐ 2 Hours (\$50) ☐ 3 Hours (\$70) ☐ 4 Hours (\$100)

Checking one of the boxes above hereby serves as my attestation and affirmation to the best of my knowledge and belief that any claimed lost time was spent related to the MOVEit Security Incident between **May 27, 2023**, and **October 9, 2025**.

IV. 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 MOVEit Security Incident.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
Other proven monetary losses relating to fraud or identity theft, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services, incurred as a result of the MOVEit Security Incident.	– – MM DD YY	\$ •
Examples of Supporting Documentation: <i>invoices or statements reflecting payments made for professional fees/services.</i>		

V. 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 (subject to pro rata reduction or increase based on total claim submission) without the need to document losses or attest to time spent as a result of the MOVEit Security Incident. To claim this alternative cash payment, please check the box below.

NOTE: The alternative cash payment cannot be combined with claims for reimbursement of Ordinary Losses, lost time, and/or Extraordinary Losses, and by checking the box below, you will forfeit any other claim for compensation included in this Claim Form.

☐ Check this box if you wish to receive an alternative cash payment of up to \$100.

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MAIL ID 0.125" ON ALL SIDES OF DMX
PLACE ME ON ALL PAGES
BEING RETURNED TO EPIQ!
0000PLACEHOLDER0000

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VI. PAYMENT OPTIONS

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

- ☐ Digital Payment - Payment will be mailed to the email address above.
- ☐ Physical Check - Payment will be mailed to the address provided above.

VII. 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

Date

MM

 -

DD

 -

YY

Printed Name

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