

CLAIM FORM

Priscilla Wall v. Wescom Central Credit Union, et al.
Case No. 5:23-cv-02293-CAS-SHK

United States District Court for the Central District of California

Claims must be postmarked no later than January 27, 2026. You may also submit a Claim Form online no later than January 27, 2026.

This claim form should be filled out online or submitted by mail if you were sent a notice on or around October 20, 2023 from Wescom Central Credit Union (“Wescom”) concerning the potential unauthorized access to your personal information by a third party who gained access to an email secure gateway (ESG”) that defendant Barracuda Networks, Inc. (“Defendant”) provided to Wescom (the “Incident”).

The settlement notice describes a settlement of the above-referenced matter (the “Settlement”) and your legal rights and options. Please visit the official Settlement Website, www.barracudasettlement.com, or call 1-866-742-4955 for more information.

The Settlement establishes a mechanism to compensate Settlement Class Members for their documented ordinary losses, lost time, extraordinary losses, and/or credit monitoring.

You can submit a claim for documented ordinary losses, lost time, and/or extraordinary losses as a result of the Incident. You may receive a payment if you fill out this claim form, if the settlement is approved, and if you are found to be eligible for a payment. You can also register for a 1-year membership in 3B credit monitoring, using the registration code found in the postcard notice that was mailed to you.

If you wish to submit a claim form for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. The deadline to submit this claim form online (or have it postmarked for mailing) is **January 27, 2026**.

1. SETTLEMENT CLASS MEMBER INFORMATION (ALL INFORMATION IS REQUIRED):

Name: _____

Address: _____

City, State, Zip _____

Telephone: _____ Email: _____

2. CLASS MEMBERSHIP.

- ☐ Please check this box if you received a Postcard Notice related to this class action settlement, and you have your unique Notice ID login.

Notice ID Login (Included on the mailed Postcard Notice, if known): _____

- ☐ Please check this box if you have not received a Notice but believe that you should be included in the Settlement Class. You must provide documentation demonstrating that you were impacted by the Incident and that you are a Settlement Class Member.

3. MONETARY REIMBURSEMENT (YOU MAY SUBMIT A CLAIM FORM FOR DOCUMENTED ORDINARY EXPENSES RESULTING FROM THE INCIDENT):

Check the box for each category of benefits you would like to claim. **You may submit a claim for one or more of these benefits, including Documented Ordinary Expenses, Lost Time and/or Extraordinary Expenses.**

Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described below.

a. Documented Ordinary Expenses resulting from the Incident:

☐ **Check this box if you wish to submit a claim for Documented Ordinary Expenses.**

All Settlement Class Members may submit a claim for up to five hundred dollars and zero cents (\$500) for actual, documented, and unreimbursed monetary losses occurring between October 30, 2022 and the Claims Deadline, that are fairly traceable to the Incident, to be paid out of the Settlement Fund.

Total amount for this category \$ _____ (not more than \$500)

Examples of kinds of documented out-of-pocket losses that may be claimed include, in part: unreimbursed bank fees, long distance phone charges, cell phone charges (only in charged by the minute), data charges (only if charged based on the amount of data used), postage, or gas for local travel; fees for credit reports, credit monitoring, or any other insurance product purchased between October 2022 and the date of the Claims Deadline

Settlement Class Members must also have made reasonable efforts to avoid, or seek reimbursement for, such losses, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance. Settlement Class Members with losses must submit substantial and plausible documentation supporting their claims. This can include receipts or other documentation not "self-prepared" by the claimant that documents the costs incurred. "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement for losses, but can be considered to add clarity or support other submitted documentation and a description of how the time was spent.

Supporting documentation must be provided. If a Settlement Class Member does not submit reasonable documentation supporting the loss, or if their Claim is rejected by the Claims Administrator for any reason, and the Settlement Class Member fails to cure the Claim, the Claim will be rejected

b. Lost Time:

☐ Check this box if you are seeking reimbursement for actual time spent dealing with the Data Incident. You must have spent at least one full hour. You may claim up to 3 hours at \$20.00 per hour.

Time claimed (check **one**): ☐ 1 hour (\$20.00) ☐ 2 hours (\$40.00) ☐ 3 hours (\$60.00)

☐ Check this box to affirm the following (required): I swear and affirm that I spent the amount of time noted in response to the Data Incident.

c. Extraordinary Expenses:

☐ **Check this box if you wish to submit a claim for Documented Extraordinary Expenses.** Settlement Class Members will be eligible for compensation up to \$1,500 for

proven Extraordinary Losses provided that (1) the loss is an actual, documented, and unreimbursed loss; (2) the loss was more likely than not caused by the Incident; (3) the loss occurred during the specified period; and (4) the loss is not already covered by one or more of the other categories of settlement benefits, and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

Total amount for this category \$ _____ (not more than \$1,500)

4. PAYMENT PREFERENCE:

☐ Check here if you would like to receive payment for your approved claim, if any, via electronic means, instead of a check.

Please provide the email address for an electronic payment notification:

Email: _____

5. CERTIFICATION:

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge. I understand that this claim may be subject to audit, verification, and Court review and that the Settlement Administrator may require supplementation of this claim or additional information from me.

_____	_____	_____/_____/_____
Signature	Print Name	Date

6. MAIL YOUR CLAIM FORM, OR SUBMIT YOUR CLAIM FORM ONLINE.

This claim form must be postmarked by **January 27, 2026** and mailed to: **Barracuda Networks Data Settlement, c/o RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479; OR**

Emailed by midnight on **January 27, 2026** to **info@rg2claims.com**; OR

Submitted through the Settlement Website by midnight on **January 27, 2026** at:
www.barracudasettlement.com.