

CLAIM FORM

Your claim must
be submitted by:
June 15, 2026

Lim v. TradeZero America, Inc., Case No. 1:24-cv-01196-GBW (D. Del.)

TradeZero
Data Settlement

Important: Your Claim Form must be submitted by **June 15, 2026**, (“Claims Deadline”) in order to be timely and valid. You may submit a Claim Form by completing the form below. Your failure to submit a timely Claim Form will result in you forfeiting any payment and benefits for which you may be eligible under the settlement.

Please enter your Claim Number below. Your Claim Number is located in the top right corner of the Class Notice that was emailed to you. If you did not receive a Notice but believe you are a Class Member, or have misplaced your Class Notice, you may call 833-709-4188 to get information regarding your claim.

Claim Number (*required, must be a valid number*)

This Claim Form should be filled out online if you are an individual who received notice of the cybersecurity incident (“Incident”) that TradeZero America, Inc. (“TradeZero”) disclosed in September 2024. As a Settlement Class Member, you may receive money if you fill out this Claim Form, if the settlement is approved, and if you are found to be eligible for a payment.

The Class Notice, at www.tradezerodatasettlement.com, describes your legal rights and options.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

1. ALTERNATIVE CASH PAYMENT OR CREDIT MONITORING

All Settlement Class Members may choose **one** of the following:

- Send me my activation code for three-years of credit monitoring so I can enroll in the credit monitoring services; **OR**
- Send me a check to the above mailing address for my *pro rata* cash payment of up to \$300 from the funds remaining in the Net Settlement Amount after payment of the credit monitoring and the categories of awards described in Section 2 below.

2. REIMBURSEMENT ELIGIBILITY INFORMATION

Check the box for each category of expenses you incurred as a result of the Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). Please provide as much information as you can to help us determine if you are entitled to a settlement payment. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

- Cash Payment "A": Compensation for Ordinary Losses include unreimbursed losses relating to fraud or identity theft as a result of the Incident. This category is capped at \$10,000.**

You must provide supporting documentation. **Examples** – 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 Incident through the Claims Deadline; and miscellaneous expenses such as bank fees, notary, fax, postage, copying, mileage, and long-distance telephone charges postage, or gasoline for travel.

Total amount for this category: \$ _____

- Cash Payment "B": Time Compensation.**

You must describe generally the efforts undertaken to secure your credit. Please also specify the number of hours spent (up to 5) on those efforts. The hourly rate is subject to a maximum of \$30.00.

Hours Spent: _____

I swear and affirm under the laws of my state and under penalty of perjury that the information I have supplied in this Claim Form is true and correct and that this form was executed on the date set forth below.

Signature (required)

Date Signed