

SETTLEMENT DISTRIBUTION FORM

You must complete this form and return it through the Verita Global claims portal at veritaconnect.com/dellsettlement or by mail to **Dell Settlement Administrator, c/o Verita Global, P.O. Box 3355, London, ON N6A 4K3** by no later than **July 14, 2025** in order to receive a Base Payment and Eligible Economic Loss Claim Payment, if applicable, under the Settlement in this Action.

You may claim BOTH a Base Payment and an Eligible Economic Loss Claim. Eligible Economic Loss Claims must be accompanied by the required supporting documentation.

PART I – BASE PAYMENT

I, _____ (please print legal name), affirm that I received one or both of the April 2, 2018 and January 25, 2019 notices sent by email by Dell regarding the Data Thefts.

1. Distribution Preference: Payments under this Settlement will be distributed by email money transfer (“**E-Transfer**”) or cheque sent by mail. To receive a Base Payment (CAD\$85.00), you must elect your preferred method of distribution.

I will accept a Base Payment by E-Transfer: Yes

No, I will accept a Base Payment by cheque

2. E-Transfer Email Address: If you selected “Yes” to Question 1 above, please provide your email address below:

Email Address _____

Confirm Email Address _____

You will receive a personal password from Verita Global, which you will need in order to deposit your E-Transfer.

3. Cheque Mailing Address: If you selected “No” to Question 1 (Distribution Preference) above, please provide your mailing address below to receive your payment by cheque:

Street Address _____

City _____

Province _____

Postal Code _____

4. Signature:

Date: (yyyy/mm/dd): _____

Signature

PART II – ELIGIBLE ECONOMIC LOSS CLAIM

Complete this section if you believe you incurred:

1. A fraudulent credit card charge or other banking charge or financial loss incurred as a result of the Data Thefts; and/or
2. Costs incurred to remediate or replace computers or technological equipment as a result of the Data Thefts.

SUPPORTING DOCUMENTS ARE REQUIRED TO VERIFY YOUR ELIGIBLE ECONOMIC LOSS CLAIM. IF YOU DO NOT HAVE SUPPORTING DOCUMENTS, YOUR ELIGIBLE ECONOMIC LOSS CLAIM WILL BE REJECTED.

If you believe either of these categories applies to you, and you have the required supporting documentation, complete the section below to submit an Eligible Economic Loss Claim.

I, _____ (please print legal name), affirm that, as a result of the Data Thefts, I have incurred (select all that apply):

- fraudulent credit card charges or other banking charges or financial loss; and/or
- costs to remediate or replace computers or technological equipment.

The amount of my Eligible Economic Loss Claim is CAD\$_____. (Note that Eligible Economic Loss Claim Payments will be determined by the Settlement Administrator and are capped at CAD\$3,000.00 per Settlement Class Member, and may be reduced depending upon the number of approved claims. As a result, you may receive less than your eligible economic losses.)

Supporting Documentation: To complete your Eligible Economic Loss Claim, you **must** provide supporting documentation of the amounts claimed above. If you do not, your claim will be rejected. Supporting documentation must relate to costs incurred from June 2017 to February 28, 2019 and must consist of:

1. copies of credit card/banking statements showing a fraudulent charge or payment from the period June 2017 to February 28, 2019, and a completed Statutory Declaration in the form attached as Appendix “A” to this document; and/or
2. copies of receipts or invoices showing repairs and/or replacements or purchases of equipment completed between June 2017 and February 28, 2019, and a completed Statutory Declaration in the form attached as Appendix “A” to this document.

You may also provide other supporting documentation that you feel supports your claim, up to an additional 5 pages.

Describe all supporting documentation proving your Eligible Economic Loss Claim below. **You must attach copies of the supporting documents when submitting this form:**

Document	Amount
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____

I acknowledge that if my Eligible Economic Loss Claim is accepted by the Settlement Administrator, any payment will be issued to me in the same manner I have selected above for distribution of my Base Payment.

Date: (yyyy/mm/dd): _____

Signature

APPENDIX "A" – STATUTORY DECLARATION

You must complete this Statutory Declaration and return it along with your completed Settlement Distribution Form through the Verita Global claims portal at veritaconnect.com/dellsettlement or by mail to **Dell Settlement Administrator, c/o Verita Global, P.O. Box 3355, London, ON N6A 4K3** by no later than **July 14, 2025** in order to submit an Eligible Economic Loss Claim under the Settlement in this Action.

I, _____ (please print legal name), solemnly declare that, as a result of the Data Thefts, I have incurred (select all that apply):

the fraudulent credit card charges or other banking charges or financial loss detailed in my completed Settlement Distribution Form, and that such charge(s) and/or payment(s):

1. Were unauthorized and I did not receive any goods or services in exchange for the payment(s);
2. Were not reimbursed by my financial institution or any other person; and
3. Were reasonably related to the Data Thefts, insofar as the credit card or banking charge(s) or other financial loss was incurred after I:
 - a. provided direct access to my computer to a third party who contacted me following the Data Thefts purporting to be a Dell representative, and such third party obtained credit card or banking information without authorization through this access to my computer; or
 - b. provided credit card or banking information to a third party who contacted me after the Data Thefts purporting to be a Dell representative;

the costs to remediate or replace computers or technological equipment detailed in my completed Settlement Distribution Form, and that such repair(s) or purchase(s):

1. Would not have been performed had unauthorized third parties not contacted me following the Data Thefts;
2. Were not reimbursed by my financial institution or any other person; and
3. Were reasonably related to the Data Thefts, insofar as they relate to:
 - a. Services to remove malware, spyware, or fake anti-virus software that were installed by unauthorized third parties who contacted me following the Data Thefts;
 - b. The purchase of anti-virus software after a third party contacted me following the Data Thefts purporting to be a Dell representative; or
 - c. The required purchase of a replacement device due to the activities of unauthorized third parties who contacted me following the Data Thefts;

AND I MAKE THIS solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME at the
City of _____
In the _____
Of _____
This ___ day of _____, 20__.

Signature

Print Name

A COMMISSIONER, ETC.