

Must be postmarked
or submitted online
by July 1, 2024

COON V. JS AUTOWORLD CLAIMS
C/O ATTICUS ADMINISTRATION
PO BOX 64053
ST. PAUL, MN 55164
WWW.JSAUTOWORLDSETTLEMENT.COM

**JS
AUTOWORLD**

JS Autoworld Settlement Claim Form

Kristen Coon v. JS Autoworld, Inc., dba Planet Nissan, A Nevada Corporation
Case No. A-23-869272-C
Eighth Judicial District Court, Clark County, Nevada

SETTLEMENT BENEFITS

This Claim Form should be filled out online or submitted by mail if you are an individual notified of a data incident that occurred in or about June 2022 (“Data Incident”) by letter from or on behalf of JS Autoworld, Inc., dba Planet Nissan (“JS Autoworld”), and you wish to sign up for credit monitoring and identity protection services and/or had extraordinary losses because of the Data Incident or out-of-pocket expenses or lost time spent dealing with the Data Incident. You may get a check or electronic payment if you fill out this Claim Form, if the Settlement is finally approved, and if you are found to be eligible for a payment.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, www.JSAutoworldSettlement.com or call 1-888-477-1779 for more information.

If you wish to submit a claim for a settlement payment, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by July 1, 2024. Alternatively, you may submit a claim using the online form located on the Settlement Website listed above.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE.

Class Member Information

1. NAME:	First <input type="text"/>	M.I. <input type="text"/>	Last <input type="text"/>
2. MAILING ADDRESS:	Street Address <input type="text"/>		
	Apt. No. <input type="text"/>		
	City <input type="text"/>		
	State <input type="text"/>		
	Zip <input type="text"/> - <input type="text"/>		

3. PHONE NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. EMAIL ADDRESS:	<input type="text"/>
5. SETTLEMENT CLAIMANT ID: (located on the Notice mailed to you)	<input type="text"/>

Credit Monitoring and Identity Theft Protection Services

Twenty-four months of credit monitoring and identity theft protection.

Check the box if you wish to receive twenty-four months of credit monitoring and identity theft protection services through CyEx (including \$1,000,000 in identity theft insurance) at no cost to you. If your claim is approved and the Settlement is ultimately approved by the Court, you will receive an activation code for the service by email, along with instructions on how to activate the service. If you select this benefit, you may also claim reimbursement for ordinary losses, including lost time, and/or extraordinary losses.

Ordinary Losses

Up to \$500 for reimbursement of documented ordinary losses, which includes up to 4 hours at \$17.50 of lost time spent dealing with the Data Incident:

Please provide as much information as you can to help us figure out if you are entitled to a payment for ordinary losses. [Note that the total amount available for ordinary losses is \$500, which includes "lost time"]

Complete the section for each category of out-of-pocket expenses or lost time that you incurred because of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation as described (if you provide account statements as part of proof for any part of your claim, you may mark out any unrelated transactions).

Check the box if you wish to claim ordinary losses and/or lost time attributable to the Data Incident

Settlement Class Members may claim up to \$500 in Ordinary Losses for losses incurred, including "lost time" spent on the Data Incident *between June 30, 2022 and July 1, 2024*. Ordinary losses may include (i) out-of-pocket expenses incurred as a result of the Data 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), miscellaneous expenses, such as postage, notary, fax, copying, mileage, and/or gasoline for local travel; (ii) fees for credit reports, credit monitoring, and/or other identity theft insurance products purchased; and (iii) up to four (4) hours of lost time at \$17.50 an hour if at least (1) full hour was spent dealing with the Data Incident, provided that the claimant certifies the lost time was spent responding to issues raised by the Data Incident.

I suffered this much in Ordinary Losses (not including Lost Time) explained in the table below \$_____.

Please describe the categories of Ordinary Losses you are claiming and be sure to attach all documentation you have relating to the expenses.

Expense Types and Examples of Documents	Approximate Amount of Expense and Date Incurred	Description of Ordinary Losses (Identify what you are attaching, and why the loss was incurred as a result of the Data Incident.)
<p>Unreimbursed Bank Fees</p> <p><i>Examples: Bank statements with fees, such as card reissuance, unreimbursed overdraft and late fees, circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Long Distance Phone Charges</p> <p><i>Example: Phone bills with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Cell Phone Charges (only if charged by the minute)</p> <p><i>Example: Cell phone bills with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Data Charges (only if charged based on the amount of data used)</p> <p><i>Examples: Cell phone and/or internet bills with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Postage</p> <p><i>Example: Postage receipts with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Gasoline for Local Travel</p> <p><i>Example: Gasoline receipts with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Credit Reports</p> <p><i>Example: Receipts or statements for credit reports ordered with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Credit Monitoring Products</p> <p><i>Example: Receipts or statements for credit monitoring products purchased with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Identity Theft Insurance Product</p> <p><i>Example: Receipts or statements for identity theft insurance products purchased with charges circled.</i></p>	<p>\$</p> <p>Date:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Lost Time

All members of the Settlement Class who have spent time dealing with the Data Incident may claim up to four (4) hours for lost time at a rate of \$17.50 per hour. Any payment for lost time is included in the \$500 cap per Settlement Class Member.

I spent this many hours of time related to the Data Incident:

Hour(s). Please round to the nearest hour (no documentation is needed).

By checking this box, I attest that I spent the claimed time responding to issues raised by the Data Incident.

Explanation of Time Spent Responding to Issues Raised by the Data Incident (Identify what you did and why)	Approx. Date(s) (if known)	Number of Hour(s) rounded
<hr/> <hr/> <hr/> <hr/> <hr/>		

Extraordinary Losses Caused by the Data Incident

Check the box if you wish to claim extraordinary losses caused by the Data Incident. Settlement Class Members may make a claim for documented extraordinary losses more likely than not caused by the Data Incident, up to a maximum amount of \$4,750.

Extraordinary losses, including proven actual monetary losses caused by fraud or information misuse can be reimbursed provided the loss: (i) is actual, documented, and unreimbursed; (ii) was more likely than not caused by the Data Incident; (iii) occurred **between June 30, 2022 and July 1, 2024**; (iv) is not already covered by one or more ordinary loss claimed in this Claim Form and (v) you made reasonable efforts to avoid the loss, or seek reimbursement for the loss through existing credit monitoring insurance and identity theft insurance.

Please describe the categories of Extraordinary Losses you are claiming, and be sure to attach all documentation you have relating to these expenses:

Total Amount Claimed for this Category: \$ _____ (maximum \$4,750)

Expense Types and Examples of Documents	Approximate Amount of Expense and Date Incurred	Description of Extraordinary Losses (Identify what you are attaching, and why it was incurred as a result of the Data Incident.)
For example, professional fees incurred to address identity theft or fraud, such as falsified tax returns, account fraud, and/or medical-identity theft.	\$ _____ Date: _____	_____ _____ _____ _____
Other losses or costs resulting from identity theft or fraud (provide detailed description) <i>Please provide a detailed description or a separate document submitted with this Claim Form.</i>	\$ _____ Date: _____	_____ _____ _____ _____

Payment Option

If you made a claim for a cash payment in this Claim Form, you could elect to receive your payment either by check or as a digital payment. Payments must be cashed within ninety (90) days.

Which do you prefer?

- Check mailed to me
 Digital payment

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

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

Zelle - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

Virtual Prepaid Card - Enter your email address: _____

YOU WILL RECEIVE A VERIFICATION EMAIL REGARDING YOUR DIGITAL PAYMENT. YOU MUST VERIFY AND AUTHENTICATE YOUR PAYMENT INFORMATION IN ORDER TO RECEIVE A DIGITAL PAYMENT. IF YOU DO NOT VERIFY AND AUTHENTICATE YOUR INFORMATION, A PAPER CHECK WILL BE SENT TO YOU.

Signature

I swear and affirm under the laws of the United States 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.

I understand the Claims Administrator may ask me to provide supplemental information before my claim is considered complete and may otherwise audit my Claim Form for accuracy and validity.

Signature:

Dated:

Print Name:

Reminder Checklist.

- Keep copies of the completed Claim Form and documentation for your own records.

- If your address changes or you need to make a correction to the address on this Claim Form, please visit the Settlement Website at www.JSAutoworldSettlement.com and complete the form for updating contact information or send written notification of your new address to the Claims Administrator. Make sure to include your Settlement Claimant ID and your phone number in case we need to contact you to complete your request.
- Please do not provide any sensitive documents that may contain personal information via email to the Claims Administrator. If you need to supplement your claim submission with additional documentation, please visit the Settlement Website at www.JSAutoworldSettlement.com and provide these documents by uploading them online using the Documentation Upload page or by mail to the address at the top of this Claim Form.
- For more information, please visit the Settlement Website at www.JSAutoworldSettlement.com or call the Claims Administrator at 1-888-477-1779. Please do **not** call the Court or the Clerk of the Court for additional information.