

**CLAIM FORM**

*Harley Blandford and Julie Hardin v. Nth Degree, Inc.*

Case No. 2EV012970

**If Nth Degree notified you of a Data Security Incident or your Private Information was accessed or acquired as a result of the Data Security Incident and you are a resident of the United States, you may be eligible for benefits from a Proposed Class Action Settlement and may complete this Claim Form.**

**GENERAL INSTRUCTIONS**

- Settlement Class Members may complete and submit a Claim Form for the benefits described in the Notice and on the Settlement Website at [www.NthDegreeSettlement.com](http://www.NthDegreeSettlement.com).
- **Claim Forms must be submitted or postmarked for mail on or before July 30, 2026.**
- Please read the Claim Form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim.
- **If you wish to receive your Settlement benefit via digital payment method such as Venmo, PayPal, or Zelle, you must complete and submit your Claim Form through the Settlement Website. As these digital payment services require two-step authentication using the email address or telephone number associated with the Settlement Class Member’s personal payment account, the Settlement Administrator is unable to complete the verification process on your behalf.**
- Claim Forms can be completed and submitted with any necessary support documentation on the Settlement Website at [www.NthDegreeSettlement.com](http://www.NthDegreeSettlement.com) and/or the paper Claim Form can be accessed and downloaded from the website, completed in black or blue ink, and mailed or emailed to the Settlement Administrator at the address below. Supporting documentation provided with mailed Claim Forms will not be returned, please retain copies of your documents for your personal records.

Nth Degree Settlement  
 c/o Atticus Administration  
 PO Box 64053  
 St. Paul, MN 55164  
 Email: [NthDegreeSettlement@atticusadmin.com](mailto:NthDegreeSettlement@atticusadmin.com)

**I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION**

Clearly print your full name and contact information below. This information will be used to communicate with you about your Claim Form, if needed. You must notify the Settlement Administrator if your contact information changes after you submit this form.

**First Name**

**Last Name**

**Mailing Address**

**City**

**State**

**Zip Code**

**Notice ID (if known)**

**Email Address**

**Telephone Number**

**II. DOCUMENTED LOSSES**

I wish to claim **Documented Losses** up to \$3,500.00 as detailed below. I understand documentation to support the losses claimed is required and I have enclosed them with my Claim Form.  YES  NO

Description of Each Loss	Loss Date	Loss Amount	Description of Support Documentation

I wish for my Documented Losses to include a claim for up to four (4) hours for lost time spent dealing with the Data Security Incident compensated at a rate of twenty dollars per hour (\$20.00/hour). I understand that if at least one (1) full hour was spent in response to the Data Security Incident, that I must describe how the time was spent and certify the hours claimed.  YES  NO

I claim the below hours of lost time and have provided a description of how the time was spent:

1 Hour (\$20)     2 Hours (\$40)     3 Hours (\$60)     4 Hours (\$80)

Description of Each Data Security Incident Activity You Spent Time On	Date	Length of Time (Hours)

**The below certification is required to be eligible for lost time compensation (check the box).**

I certify and affirm to the best of my knowledge and belief that the hour(s) of lost time claimed were spent dealing with the Data Security Incident experienced by Nth Degree in December of 2024.

**III. ALTERNATIVE CASH PAYMENT**

I wish to claim the Alternative Cash Payment of fifty dollars (\$50.00) in lieu of Documented Losses (including lost time).  YES  NO

**You cannot claim both the Documented Losses and the Alternative Cash Payment.**

**IV. CALIFORNIA SUBCLASS STATUTORY PAYMENT**

I was a resident of California in December of 2024 when the Data Security Incident against Nth Degree occurred and wish to claim the **California Subclass Statutory Payment** of one hundred dollars (\$100.00).  YES  NO

My address at that time was:

\_\_\_\_\_  
Street Address City State Zip Code

This is my current address.  YES  NO

**V. CREDIT MONITORING SERVICES**

I wish to receive three (3) years of single-bureau Credit Monitoring Services.  YES  NO

**VI. ATTESTATION & SIGNATURE**

I swear and affirm under the laws of my state that the information I have provided 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 Settlement Administrator may ask for supplemental information to determine the validity of my claim and may otherwise audit my Claim Form for accuracy and validity.

\_\_\_\_\_  
Signature Printed Name Date

**PLEASE MAKE SURE YOUR CLAIM FORM IS COMPLETE, SIGNED, AND INCLUDES DOCUMENTATION TO SUPPORT ANY DOCUMENTED LOSSES CLAIMED.**

**CLAIMS MUST BE POSTMARKED OR OTHERWISE SUBMITTED BY JULY 30, 2026.**

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