Bell-Carter Data Security Incident
c/o Stretto Inc.
410 Exchange, Ste. 100,
Irvine, CA 92602
www.BCSettlement.com

Your Claim Form Must Be Submitted Electronically or Postmarked by October 16, 2025

Kenneth Durham v. Bell-Carter Foods, LLC
Civil Action No. C24-02160, Contra Costa County Superior Court

CLAIM FORM

This Claim Form should be filled out and submitted online on the Settlement Website or mailed to the Claims Administrator if your personal information was potentially compromised as a result of the Data Security Incident and you are a Settlement Class Member and you would like to receive a benefit from the Settlement. You may receive a payment or other benefit if you fill out this Claim Form, if the Settlement is approved by the Court, and if you are found to be eligible for a payment or other benefit.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement Website, www.BCSettlement.com, or call the Claims Administrator at 1-833-530-6668 for more information.

If you wish to submit a Claim for a Settlement Benefit, you need to provide the information requested below. The Claim Form must be submitted online or postmarked by October 16, 2025.

1. CLASS MEMBER INFORMATION.

Please provide you name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

CLASS MEMBER INFORMATION
Please Type or Print

First Name _____ MI ____ Last Name _____

Mailing Address (Street, PO Box, Suite or Office Number)

_____

City _____ State _____ Zip Code _____

Additional Information

Last Four Digits of SSN _____ Telephone Number (optional) _____

Email Address (optional)

_____

2. RELIEF SECTION.

Please select the relief you would like to receive. Please review the notice and the Settlement Agreement (available at www.BCSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

A. CASH PAYMENT

Please provide as much information as you can to help us figure out if you are entitled to a Cash Payment.

Check the box below for each category of benefits you would like to claim. The categories include: (i) "Ordinary Loss" - reimbursement for unreimbursed loss from unauthorized or fraudulent charges or out of pocket expenses as a result of the Data Security Incident up to a $175.00 - you must provide Reasonable Documentation supporting your claims; (ii) "Extraordinary Loss" - reimbursement for unreimbursed loss from unauthorized or fraudulent charges or out of pocket expenses as a result of the Data Security Incident up to a $4,500.00 - you must provide Reasonable Documentation supporting your claims; and (iii) "Lost Time" – compensation for lost time spent dealing with the Data Security Incident of up to three (3) hours at $20 per hour. All claims for Cash Payments must be attested to under penalty of perjury.

- ☐ I choose to receive reimbursement of Ordinary Loss.
- ☐ I choose to receive reimbursement of Extraordinary Loss.
- ☐ I choose to receive compensation for Lost Time.

(i) Unreimbursed Ordinary or Extraordinary Loss Resulting From the Data Security Incident.

☐ I certify that I incurred Unreimbursed Ordinary Loss Resulting from the Data Security Incident (up to $175).

☐ I certify that I incurred Unreimbursed Extraordinary Loss Resulting from the Data Security Incident (up to $4,500).

Examples – (i) cost to obtain credit reports; (ii) fees related to credit freezes; (iii) card replacement fees; (iv) late fees; (v) overlimit fees; (vi) interest on payday loans taken as a direct result of the Data Security Incident; (vii) other bank or credit card fees; (viii) postage, mileage, and other incidental expenses resulting from lack of access to an existing account; (ix) costs associated with credit monitoring or identity theft protection insurance if purchased as a result of the Data Security Incident; and (x) fraudulent charges or transactions that have not been reimbursed.

Total amount requested for this category: $_____

Describe your Unreimbursed Economic Loss(es) below, including date the expense was incurred and its relation to the Data Security Incident (You may attach additional pages if necessary).

Reasonable Documentation of Unreimbursed Economic Loss is required.

Supporting documentation must be provided, including but not limited to: credit card statements, bank statements, invoices, telephone records, and receipts. Unreimbursed Economic Loss costs cannot be documented solely by a personal certification, declaration, or affidavit. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

(ii) Lost Time Resulting From the Data Security Incident.

☐ I certify that I spent time dealing with the effects of the Data Security Incident.

Examples – You spent time calling customer service lines, writing letters or emails, monitoring bank accounts, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed.

I certify that I spent the following amount of time in response to the Data Security Incident: ___hours

3. PAYMENT OPTIONS.

Please select from one of the following payment options:

☐ PayPal ☐ Venmo ☐ Zelle ☐ Physical Check

Account Email Address: _____

Account Phone Number: _____

The Account Email Address and Phone Number are required for PayPal, Venmo and Zelle payments. If you choose to receive a physical check, the payment will be mailed to the address provided on this claim form.

4. SIGN AND DATE YOUR CLAIM FORM.

I declare under penalty of perjury under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my knowledge, and that this form was executed on the date set forth below.

Signature:_____ Print Name:_____	Date:_____ Your claim will be submitted to the Claims Administrator for review. If your Claim Form is incomplete, untimely, or contains false information, it may be rejected by the Claims Administrator. If your claim is approved, you will be issued a payment using the email or street address you provide. This process takes time; please be patient.

CLAIM FORMS MUST BE SUBMITTED ELECTRONICALLY ONLINE WITH THE SETTLEMENT WEBSITE OR POSTMARKED NO LATER THAN OCTOBER 16, 2025, TO BE ELIGIBLE FOR SETTLEMENT BENEFITS. FILE ONLINE AT WWW.BCSETTLEMENT.COM OR MAIL THIS CLAIM FORM TO BELL-CARTER DATA SECURITY INCIDENT, C/O STRETTO INC., 410 EXCHANGE STE. 100, IRVINE, CA 92602