

Your claim must be
submitted online or
postmarked by:
June 11, 2025

CLAIM FORM FOR NATIONAL ADVISORS
DATA INCIDENT CLASS ACTION SETTLEMENT

Weber v. National Advisors Trust Company
No. 4:24-cv-00162
United States District Court for the Western District of Missouri

USE THIS FORM ONLY IF YOU ARE A SETTLEMENT CLASS MEMBER
TO MAKE A CLAIM FOR UNREIMBURSED MONETARY LOSSES, CREDIT MONITORING AND/OR A CASH
PAYMENT

GENERAL INSTRUCTIONS

If you are a Settlement Class Member, you are eligible to complete this Claim Form to claim (1) Reimbursement for Documented Monetary Losses (2) Credit Monitoring Services; and/or (3) a Cash Payment. Please see the notice available on the Settlement Website, www.NAHSettlement.com, for more information.

To receive any of these benefits, you must submit the Claim Form below by June 11, 2025.

This Claim Form may be submitted electronically via the Settlement Website at www.NAHSettlement.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documents, by U.S. mail to:

NAH Settlement
c/o A.B. Data, Ltd.
PO Box 173054
Milwaukee, WI 53217

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Address 1

Address 2

City

State

Zip Code

Email Address (optional): _____

Telephone Number: (_____) _____ - _____

Questions? Go to www.NAHSettlement.com or call 1-866-778-1167.

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II. PROOF OF SETTLEMENT CLASS MEMBERSHIP

☐

Check this box to certify that you are a person within the United States of America whose personal identifiable information ("PII") was exposed to unauthorized third parties as a result of the data security incident that occurred between February 2023 and April 2023 (the "Data Incident").

The Defendants are National Advisors Trust Company, National Advisors Trust of South Dakota Inc., and NAH Sidecar I, LLC d/b/a National Advisors Concierge Services, all d/b/a National Advisors Trust ("National Advisors" or "Defendants".)

Enter the Settlement Unique ID or Notice ID Number provided on your postcard notice or the last four digits of your Social Security Number:

Unique ID / Notice ID : _____

Social Security Number (last four digits only): _____

III. REIMBURSEMENT FOR DOCUMENTED MONETARY LOSSES

Settlement Class Members may submit a Claim Form for reimbursement of **documented and proven** Monetary Losses, up to \$5,000.00 per Settlement Class Member, that they incurred because of the Data Incident.

"Monetary Losses" includes unreimbursed losses from financial fraud or identity theft; professional fees, including accountants' fees and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that happened on or after the Data Incident through the date you submit this Claim Form; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges. **You must submit documents or proof that support your claim.**

Acceptable documents or proof to support your claim would be receipts or invoices. "Self-prepared" documents, such as handwritten receipts, cannot be used as proof to get reimbursed, but you can include them to provide information about your other documents.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
<input type="radio"/> Monetary Losses incurred because of the Data Incident	____/____/____ (mm/dd/yy)	\$ _____.____
Provide a written description of your Monetary Losses:		

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Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss

YOU MUST SUBMIT DOCUMENTS OR PROOF SHOWING YOUR MONETARY LOSSES.

IV. CREDIT MONITORING SERVICES

☐ Check this box if you wish to receive free Credit Monitoring from one of the three credit bureaus. If you check this box, you will be offered three years of Credit Monitoring Services.

V. CASH PAYMENT

☐ Check this box if you wish to receive a cash payment to compensate you for the invasion of your privacy.

The amount of your cash payment will depend on the number of valid claims and how much money is left in the Settlement Fund after it is used to pay reimbursement for losses and costs of credit monitoring for eligible Settlement Class Members, notice and administration costs, taxes and tax-related expenses, any service award; and attorneys' fees and expenses ("Net Settlement Fund"). Each valid claim will get a proportional (or *pro rata*) share of the Net Settlement Fund.

VI. PAYMENT SELECTION

If you would like to elect to receive your Settlement payment through electronic transfer, please visit the website, www.NAHSettlement.com, and file your Claim Form online. The Settlement Website includes a step-by-step guide to help you select the electronic payment option.

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VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of my state 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.

Signature

_____/_____/_____
Date

Print Name