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B. ATTESTATION UNDER PENALTY OF PERJURY

By submitting this Claim Form, I declare under penalty of perjury under the laws of the State of Kentucky that the information I have provided is true and accurate and that I am a member of the Class defined as follows: “all individuals who were notified by Brown-Forman that their personal information was or may have been compromised in the Data Breach initially disclosed by Brown-Forman in or about August 2020.”

Signature

____/____/_____
Date (mm/dd/yyyy)

Typing your name constitutes your legal signature, in the same manner as if you signed by hand

THIS CLAIM FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED TO THE SETTLEMENT ADMINISTRATOR BY WEDNESDAY, JULY 7, 2021.

IF YOU HAVE ANY QUESTIONS ABOUT THIS LAWSUIT, YOUR RIGHTS, OR COMPLETING THIS CLAIM FORM, PLEASE CONTACT CLASS COUNSEL AT ContactUs@theemploymentattorneys.com or 585-272-0540.

YOU CAN ALSO CONTACT THE SETTLEMENT ADMINISTRATOR AT info@brownformanbreachsettlement.com or 833-326-0772.



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