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JEFFERSON CIRCUIT COURT

Goodlett, et al. v. Brown-Forman Corporation, No. 20-CI-005631

CLAIM FORM (OTHER BENEFITS)

If you were notified by Brown-Forman that your personal information was or may have been compromised in the Data Breach disclosed by Brown-Forman in or about August 2020 (the “Data Breach”), you may submit a claim for one or more of the following benefits:

1. **Reimbursement for Out-of-Pocket Losses.** If you incurred expenses that are fairly traceable to the Data Breach, such as money spent remedying identity theft or identity fraud or freezing/unfreezing credit reports with any credit reporting agency, you can be reimbursed up to \$5,000. You must submit documents supporting your claim, including denial of the claim by Experian IdentityWorksSM.
2. **Reimbursement for Attested Time.** If you spent time remedying issues related to identify theft directly caused by the Data Breach, you can recover \$20 per hour for up to eight (8) total hours.
3. **Cash Payment for Inconvenience.** If you submitted and received an insurance payment through Experian IdentityWorksSM relating to the Data Breach, you can receive a cash payment of \$250.

Submit this Claim Form via www.BrownFormanBreachSettlement.com or mail this Claim Form to Goodlett v. Brown-Forman, c/o Kroll Settlement Administration, P.O. Box 225391, New York, NY 10150-5391. The deadline to submit this Claim Form is no later than the date on which your Experian IdentityWorksSM provided under the Settlement expires, and if submitted by mail it must be postmarked by that date.

The detailed Notice and Settlement Agreement contain additional information and are available at www.BrownFormanBreachSettlement.com or by calling 833-326-0772.

IMPORTANT: If you are submitting a claim for identity protection, please make sure the complete the separate **CLAIM FORM (IDENTITY PROTECTION)**.



31201



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Page 1 of 4



3120100000000

A. CONTACT INFORMATION

First Name

Last Name

Address

Address2

City

State

Zip Code

Zip 4

E-mail: _____@_____

B. REIMBURSEMENT FOR OUT-OF-POCKET LOSSES

If you lost or spent money trying to prevent or recover from fraud or identity theft caused by the Data Breach, and Experian IdentityWorksSM denied your claim for reimbursement, you can receive reimbursement for up to \$5,000.

You must attach documents that show what happened and how much you lost or spent so that you can be repaid. You must also submit documents that show Experian IdentityWorksSM denied your claim. Handwritten receipts are, by themselves, not enough to receive reimbursement, but can be considered to add clarity to or support other submitted documentation.

Description of Loss or Money Spent and Supporting Documents (Identify each document you are attaching, and explain why it is related to the Data Breach)	Date	Amount
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	



31201



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Page 2 of 4



3120100000000

C. REIMBURSEMENT FOR ATTESTED TIME

If you spent time remedying issues related to identity theft directly caused by the Data Breach, you can be compensated \$20 per hour for up to eight (8) hours.

You must describe the actions you took in response to the Data Breach and the time each action took.

Total time spent remedying issues related to the Data Breach: _____ Hours _____ Minutes

Explanation of Time Spent (Identify what you did and why)	Date	Number of Hours and Minutes
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	

D. CASH PAYMENT FOR INCONVENIENCE

If you submitted and received an insurance payment through Experian IdentityWorksSM relating to the Data Breach, you can receive a cash payment of \$250.

You must provide documentation showing the insurance payment by Experian IdentityWorksSM.

Place an “x” or “yes” in the space provided to confirm your election.

_____ I wish to receive a Cash Payment for Inconvenience of \$250.



31201



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Page 3 of 4



3120100000000

E. 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 or will be 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 THE DATE ON WHICH YOUR EXPERIAN IDENTITYWORKSSM PROVIDED UNDER THE SETTLEMENT EXPIRES.

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.



31201



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Page 4 of 4