

Wawa Financial Institution Data Security Settlement
c/o Analytics Consulting LLC, Settlement Administrator
P.O. Box 2009
Chanhasen, MN 55317-2009

PROOF OF CLAIM AND RELEASE

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re Wawa, Inc. Data Security Litigation,
Case No. 2:19-cv-06019

If your financial institution issued one or more payment cards identified as having been impacted as a result of the Data Security Incident that Wawa, Inc. (“Wawa”) announced in December 2019, you will be eligible to receive a payment from this class action settlement if you complete and submit this Proof of Claim and Release (the “Claim Form”) online at www.WawaFinancialInstitutionSettlement.com by 11:59 p.m. Eastern Time on AUGUST 12, 2024 or by mail, postmarked no later than AUGUST 12, 2024.

Upon submission of a valid Claim Form, each Class Member will be entitled to receive a payment from one or more of the following categories of claims: Cancellation and Replacement Claims (“Tier 1”); Fraud Related Claims (“Tier 2”); Other Costs - Alternative Claims (“Tier 3”). A Class Member may make claims under (i) either or both Tier 1 and Tier 2, or (ii) Tier 3, but **not** under all three Tiers:

- **Cancellation and Replacement Claims (Tier 1)**—A cash payment for each Impacted Card cancelled and replaced between December 12, 2019 and May 1, 2020 in response to the Data Security Incident. No supporting documentation is required.
- **Fraud Related Claims (Tier 2)**—A cash payment up to a maximum of \$4,000 per Class Member for unreimbursed out of pocket absorption or reimbursement to a card holder attributable to fraudulent charges on Impacted Cards, that occurred between December 12, 2019 and May 1, 2020 in response to the Data Security Incident. Certain supporting documentation is required.
- **Other Costs Claims (Tier 3)**—As an alternative to Tiers 1 and 2, a cash payment per Class Member if you incurred any costs as a result of the Data Security Incident. No supporting documentation is required.

For Claim Forms to be valid, Claimants must provide all information requested under the “[Class Member Information](#)” page and must check and select their respective Tiers of claims. Claimants must also sign the (i) Claim Form attestation that appears at the end of each respective Tier selected, (ii) as well as the Claim Form Verification at the very end of the Claim Form.

Unless otherwise defined, all capitalized terms contained in this Claim Form have the same meaning as in the **Notice of Proposed Class Action Settlement**, (the “Notice”) and the Settlement Agreement, which are both available at www.WawaFinancialInstitutionSettlement.com (the “Settlement Website”). It is important that you read the Notice. By signing and submitting this Claim Form, you will be certifying that you have read the Notice, including the terms of the Releases described in the Notice under the heading “*What is my financial institution giving up to get a payment or remain in the Settlement Class?*” and provided for in Section 8 of the Settlement Agreement.

CLASS MEMBER INFORMATION (REQUIRED)

Name of Financial Institution / Settlement Class Member

Name of Authorized Representative of Financial Institution/Class Member

First Name

M.I.

Last Name

Your Title

Mailing Address

City

State

Zip Code

(Note: this will be the mailing address the Settlement Administrator will send your check to)

Phone

Email Address

Notice ID (from Notice)

Confirmation Code (from Notice)

CANCELLATION & REPLACEMENT CLAIMS (TIER 1)

Materials to Review Before Submitting this Claim: Please review your records to determine if your financial institution issued: (1) one or more “Alerted On Payment Cards,” which includes any payment card other than American Express (including debit and credit cards) that was identified as having been at risk as a result of the Data Security Incident: (i) in an alert in the MasterCard series ADC-008258-19, (ii) in an alert in the Visa series US-2019-0520a-PA, US-2019-0520b-PA, US-2019-0520c-PA, US-2019-0520d-PA, US-2019-0520e-PA, or US-2019-0520f-PA, and (iii) any payment card issued by a financial institution identified by Discover in the Litigation; **or** (2) issued any payment card, other than American Express, used at Wawa during the period of the incident March 4, 2019–December 12, 2019 (collectively the “**Impacted Cards**”).

Description of Payment: Wawa has agreed to pay a minimum of \$3,000,000 and a maximum of \$18,500,000 towards Approved Claims made under this Tier. All Class Members who submit a valid Claim under this Tier are eligible to receive a cash payment of \$5.00 for each Impacted Card cancelled and replaced between December 12, 2019 and May 1, 2020 in response to the Data Security Incident. The Settlement Administrator will adjust the per-card payment above \$5.00 if the aggregate valid claims for this Tier are below \$3,000,000, and will adjust the per-card payment below \$5.00 if the aggregate valid claims for this Tier exceed \$18,500,000.

How to Claim Your Payment: To claim under this Tier, you must identify and attest under penalty of perjury the total number of Impacted Cards you cancelled and replaced between December 12, 2019 and May 1, 2020 in response to the Data Security Incident. You are not required to provide any documentation.

CLAIM YOUR PAYMENT: If you wish to claim and receive your payment for Tier 1, please fill in the information below, check the attestation box, and sign the attestation:

1. This financial institution cancelled and replaced _____ Impacted Cards between December 12, 2019 and May 1, 2020 in response to the Data Security Incident.

I attest that this financial institution cancelled and replaced the above number of Impacted Cards between December 12, 2019 and May 1, 2020 in response to the Data Security Incident.

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information supplied above is true and correct to the best of my knowledge.

Print Name: _____

On behalf of (*Financial Institution/Class Member*): _____

Signature: _____ Date: _____

Location: _____

FRAUD RELATED CLAIMS (TIER 2)

Materials to Review Before Submitting this Claim: Please review your records to determine if your financial institution issued: (1) one or more “Alerted On Payment Cards,” which includes any payment card other than American Express (including debit and credit cards) that was identified as having been at risk as a result of the Data Security Incident: (i) in an alert in the MasterCard series ADC-008258-19, (ii) in an alert in the Visa series US-2019-0520a-PA, US-2019-0520b-PA, US-2019-0520c-PA, US-2019-0520d-PA, US-2019-0520e-PA, or US-2019-0520f-PA, and (iii) any payment card issued by a financial institution identified by Discover in the Litigation; or (2) issued any payment card, other than American Express, used at Wawa during the period of the incident March 4, 2019–December 12, 2019 (collectively the “**Impacted Cards**”).

Description of Payment: Wawa has agreed to pay a total amount of up to \$8,000,000 towards Approved Claims made under this Tier. The Settlement Administrator will value Approved Claims under this Tier at the amount of fraud loss validly identified by the Class Member, up to a maximum of \$4,000 per Class Member. In the event that the total fraud losses validly claimed in all Approved Claims under this Tier exceeds \$8,000,000, the Settlement Administrator will reduce the value of all Approved Claims under this Tier on a *pro rata* basis until the value of all Approved Claims under this Tier reaches exactly \$8,000,000.

How to Claim Your Payment: To make a valid claim under this Tier, a Class Member must provide your requested reimbursement amount, submit reasonable supporting documentation to the Settlement Administrator, and a statement made under penalty of perjury indicating:

1. That your financial institution suffered financial loss in the form of unreimbursed out of pocket absorption or reimbursement to a card holder attributable to fraudulent charges on Impacted Cards;
2. That the fraudulent charges on the Impacted Cards resulted from a transaction that was either:
 - a. card not present non-CVV¹; or
 - b. non-EMV processed²; and
3. That it occurred between December 12, 2019 and May 1, 2020.

CLAIM YOUR PAYMENT: If you wish to claim and receive your payment for Tier 2, please fill in the information below, submit and upload the required documentation, check the attestation box, and sign the attestation:

[CLICK HERE TO UPLOAD DOCUMENTATION](#)

(If submitting the Claim Form by mail please attach your required documentation)

Total amount requested for reimbursement: \$ _____

I attest that this financial institution (1) suffered financial losses in the form of unreimbursed out of pocket absorption or reimbursement to a card holder attributable to fraudulent charges on Impacted Cards in the above stated amount; (2) that the fraudulent charges on the Impacted Cards resulted from a transaction that was either: (a) card not present non-CVV, or (b) non-EMV processed; and (3) that it occurred between December 12, 2019 and May 1, 2020.

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information supplied above is true and correct to the best of my knowledge.

Print Name: _____

On behalf of (*Financial Institution/Class Member*): _____

Signature: _____ Date: _____

Location: _____

¹ A “card not present non-CVV” transaction means an online transaction where CVV code information was not requested or required to process the transaction.

² A “non-EMV processed” transaction means a transaction made where the card was present at the time of the transaction but required use of only a card’s magnetic stripe to process the transaction, as contrasted with a transaction that requires an EMV chip to process the transaction.

OTHER COSTS – ALTERNATIVE CLAIMS (TIER 3)

(If you submit a claim under either or both Tier 1 and Tier 2 above, you are ineligible for Tier 3)

Description of Payment: As an alternative to claims under Tier 1 or Tier 2, a Class Member may instead file a claim under Tier 3 for incurred costs as a result of the Data Security Incident. Wawa shall pay a total amount of up to \$2,000,000 to satisfy Approved Claims under this Tier. The value of a claim made under this Tier will be a fixed amount calculated by dividing \$2,000,000 by the estimated number of Class Members.

How to Claim Your Payment: To claim under this Tier, you must attest under penalty of perjury that your financial institution incurred costs as a result of the Data Security Incident. You are not required to provide any documentation.

The Tier 3 amount serves as a *minimum* claim value for all Class Members who submit valid claims. In the event that a Class Member submits an Approved Claim under Tier 1, Tier 2, or both, but the combined value of such claim is less than the fixed value of a Tier 3 claim, the Settlement Administrator will increase the value of that Class Member's claim to match the Tier 3 amount and convert the Class Member's claim into a Tier 3 claim. Any claims converted to Tier 3 claims will not be included in calculation of any *pro rata* adjustment made to Tier 1 and Tier 2 claims.

CLAIM YOUR PAYMENT: If you wish to claim and receive your payment for Tier 3, please check the attestation box and sign the attestation below:

I attest that this financial institution incurred costs as a result of the Data Security Incident.

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information supplied above is true and correct to the best of my knowledge.

Print Name: _____

On behalf of (*Financial Institution/Class Member*): _____

Signature: _____ Date: _____

Location: _____

CLAIM FORM VERIFICATION (REQUIRED FOR ALL TIERS)

The Authorized Representative of the Class Member hereby certifies on behalf of the Class Member that:

1. The financial institution has read the Notice and Claim Form, including the descriptions of the Releases provided for in the Settlement Agreement.
2. The financial institution is Class Member and is not excluded from the Settlement Class.
3. The financial institution has not submitted a Request for Exclusion.
4. The financial institution has not submitted any other claim in this Action and knows of no other person having done so on our behalf.
5. The financial institution submits to the jurisdiction of the Court with respect to our claim and for purposes of enforcing the releases set forth in any Final Judgment that may be entered in the Action.
6. The financial institution acknowledges that, as of the Effective Date of the Settlement, pursuant to the terms set forth in the Settlement Agreement, and by operation of law and the Final Judgment, the financial institution shall be deemed to release and forever discharge and shall be forever enjoined from prosecuting any claims relating to the Data Security Incident and the Released Claims against Wawa, Inc. and the Released Parties (as more fully defined in the Settlement Agreement and/or Final Judgment).
7. I certify that I have legal rights and authorization from the entity to file this Claim Form on the financial institution's behalf.

By submitting this Claim Form, the Authorized Representative of the Class Member, in addition to the above certifications and acknowledgements, hereby declares under penalty of perjury under the laws of the United States of America and the state where this Claim Form is signed that it is eligible to make a claim in this Settlement and that all statements in this Claim Form, including any attachments, spreadsheets, or written explanations accompanying this Claim Form, which are incorporated by reference herein, are true and correct. The above-named Class Member understands that the claim made in this Claim Form may be subject to audit, verification, and Court review.

Financial Institution/Class Member: _____

Signature of Authorized Representative of Class Member: _____

Date: _____

Location: _____

THIS CLAIM FORM MUST BE SUBMITTED ON THE SETTLEMENT WEBSITE NO LATER THAN 11:59 P.M. EASTERN TIME ON AUGUST 12, 2024, OR MAILED TO THE SETTLEMENT ADMINISTRATOR BY PREPAID, FIRST-CLASS MAIL POSTMARKED NO LATER THAN AUGUST 12, 2024 TO:

Wawa Financial Institution Data Security Settlement
c/o Analytics Consulting LLC, Settlement Administrator
P.O. Box 2009
Chanhassen, MN 55317-2009

PLEASE KEEP A COPY OF THIS CLAIM FORM AND ATTACHMENTS IF SUBMITTING BY MAIL.