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Must be postmarked or submitted online NO LATER THAN OCTOBER 21, 2026

In re Oracle Corporation Data Breach Litigation
Re: Trustees of Dartmouth College
Settlement Administrator
P.O. Box 2312
Portland, OR 97208-2312
OracleDartmouthDataSettlement.com

DARTMOUTH DATA INCIDENT SETTLEMENT CLAIM FORM

Case No. 1:25-cv-01805-ADA-SH

GENERAL INFORMATION

If you were sent notice of a Data Incident involving Dartmouth in November 2025, you may be entitled to benefits as a Settlement Class Member.

You may submit a Claim Form for Settlement Class Member Benefits, outlined below, by visiting the Settlement Website at OracleDartmouthDataSettlement.com. Claims must be submitted online or postmarked by October 21, 2026. If you would prefer to submit by mail, please use the return address at the top of this form.

The easiest way to submit a Claim is online at OracleDartmouthDataSettlement.com, or you can print out, complete, and mail this entire Claim Form (with any required documentation) **to the mailing address above**. **Claims must be submitted online or mailed postmarked by October 21, 2026.**

Please note per the United States Postal Service, mail may *not* be postmarked the day it is deposited in a mailbox or at a local post office. Postmarks occur when mail reaches a processing facility. To meet a postmark deadline, **mail at least a week prior to a postmark deadlin**e, get a manual postmark in-person at any post office, or send via Certified Mail.

SETTLEMENT CLASS MEMBER BENEFITS – WHAT YOU MAY GET

If you are a member of the Settlement Class, you can submit a Claim Form for the following Settlement Class Member Benefits:

1. **Cash Payment A – Documented Losses**: You may submit a Claim Form and provide reasonable documentation for out-of-pocket losses related to the Data Incident for up to $5,000 per Settlement Class Member;

2. **Cash Payment B – *Pro Rata* Cash**: You may also submit a Claim Form, without providing documentation, to receive a *pro rata* (a legal term meaning equal share) Cash Payment in the estimated amount of $75; **AND**

3. **Credit Monitoring:** In addition to Cash Payment A and Cash Payment B, you may also submit a Claim Form to receive two years of one bureau Credit Monitoring.

   Your payment may be subject to a *pro rata* increase or decrease depending upon the total value of all Valid Claims.

* * *

Please note: The Settlement Administrator may contact you to request additional documents to process your Claim Form.

For more information and complete instructions visit the Settlement Website at **OracleDartmouthDataSettlement.com.**

Please note that Settlement Class Member Benefits will be distributed after the Settlement is approved by the Court and becomes final.

Questions? Go to **OracleDartmouthDataSettlement.com** or call **1-877-357-7730.**

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Contact Information

1. NAME (REQUIRED):

First Name | MI | Last Name

2. MAILING ADDRESS (REQUIRED):

Street Address

Apt. No.

City | State | ZIP Code

3. PHONE NUMBER:

– –

4. EMAIL ADDRESS:

5. UNIQUE ID:

Credit Monitoring Services

In addition to Cash Payment A and Cash Payment B, you may submit a Claim Form to receive two years of one-bureau Credit Monitoring. The product includes credit monitoring with one credit reporting agency, with additional dark web monitoring. The product also provides for $1,000,000 of identity theft insurance, $1,000,000 in unauthorized electronic funds transfer reimbursement, and offers real-time monitoring and victim and security freeze assistance.

Please select the checkbox if you want to enroll in Credit Monitoring services for which you are eligible.

☐ **Credit Monitoring:** I want to receive two years of one-bureau Credit Monitoring services at the email address entered in the above section.

If you select this option, you will be sent instructions and an activation code to your provided email address listed above after the Settlement is final.

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Cash Payment A – Documented Losses

You may submit a Claim Form with reasonable documentation for out-of-pocket losses related to the Data Incident for up to $5,000 per Settlement Class Member.

Examples of reasonable documentation include (but are not limited to): telephone records, correspondence including emails, or receipts. Personal certifications, declarations, or affidavits from you do not constitute reasonable documentation but may be included to provide clarification, context, or support for other submitted reasonable documentation. You will not be reimbursed for expenses if you have been reimbursed for the same expenses by another source, including compensation provided in connection with the credit monitoring and identity theft protection product offered as part of the notification letter provided by Dartmouth or otherwise.

If you do not submit reasonable documentation supporting a loss, or if your Claim Form is invalid as determined by the Settlement Administrator, and you do not cure your Claim Form, your Claim Form will be processed as if you selected the Cash Payment B - *Pro Rata* Cash claim, if you submitted a timely and valid Claim Form for for Cash Payment B. To look up more details about how the Cash Payments work, visit **OracleDartmouthDataSettlement.com** or call toll-free **1-877-357-7730**. Please also review the Notice on the Settlement Website, which provides examples of what documents you need to attach and the types of expenses that can be claimed. *By filling out the boxes below, you are certifying that the money you spent does not relate to other data incidents or breaches.*

Expense Type and Examples of Documents	**Amount and Date**	**Description of Expense or Money Spent and Supporting Documents** (Identify what you are attaching and why it is related to the Data Incident)
Professional fees incurred that are related to the Data Incident, such as falsified tax returns and account fraud. *Examples: Receipts, notices, or account statements reflecting payment for a credit freeze or unfreezing*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Other losses or costs that are related to the Data Incident. *Examples: Account statement with unauthorized charges circled; bank fees, and fees for credit reports, credit monitoring, or other identity theft insurance products purchased*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____
Other miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges related to the Data Incident. *Examples: Phone bills, receipts, detailed list of addresses you traveled (i.e. police station, IRS office), reason why you traveled there (i.e. police report or letter from IRS re: falsified tax return) and number of miles you traveled*	$ ☐☐☐☐☐ • ☐☐ Date: ☐☐ – ☐☐ – ☐☐☐☐ MM DD YYYY	_____ _____ _____

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Cash Payment B – *Pro Rata* Cash

You may also submit a Claim Form to receive a *pro rata* (a legal term meaning equal share) Cash Payment in the estimated amount of $75.

Your payment may be subject to a *pro rata* increase or decrease depending upon the total value of all Valid Claims.

Payments will be subject to a *pro rata* increase in the event the amount of Valid Claims is insufficient to exhaust the entire Net Settlement Fund. Similarly, in the event the amount of Valid Claims exhausts the amount of the Net Settlement Fund, the amount of the Cash Payments will be subject to a *pro rata* decrease.

☐ **By checking this box, I affirm I want to receive the *Pro Rata* Cash Payment.**

Payment Election

Please select one of the digital payment options below and provide the email address **or** phone number associated with your account:

Digital Payment Account

☐ PayPal ☐ Venmo ☐ Zelle

*Provide the email **OR** phone number, **NOT** both, associated with your selected digital payment account.*

Email Address

OR Phone Number

___ – ___ – ____

Signature

I attest under penalty of perjury and under the laws of the United States that the information I have supplied in this Claim Form and any copies of documents that I am sending to support my Claim Form are true and correct to the best of my knowledge.

I understand I may be asked to provide more information by the Settlement Administrator before my Claim Form is complete.

Signature

Date: __ – __ – ____
MM DD YYYY

Print Name

Questions? Go to **OracleDartmouthDataSettlement.com** or call **1-877-357-7730.**