NOTICE OF OBJECTION FORM

<u>Instructions</u>: You should fill out this Notice of Objection Form *only if* you wish to object to the Settlement. **Please note that you cannot submit this Notice of Objection Form if you submit a Request for Exclusion.** Objecting to the Settlement is simply telling the Court that you do not like something about the Settlement. You should object *only if* you wish stay in the Settlement Class. This Notice of Objection Form must be completed and returned via mail to the Settlement Administrator at 48Forty Settlement, RG/2 Claims Administration, P.O. Box 59479, Philadelphia, PA 19102-9479 and must be postmarked by November 6, 2025, to be effective. Please note that you must also submit a timely claim in order to receive certain settlement benefits in the event your objection is overruled by the Court.

I.	Objection
	n to object to the settlement. I understand that I will still remain a member of the Settlement Class as described in the ement Agreement if my objection is overruled. The basis for my objection is as follows:
Your	objection should be accompanied by a legal support for the objection that you believe is applicable.
to a c	objection should also include proof that you are a member of the Settlement Class. Proof includes but is not limited opy of the original notice of the Data Breach that you received. Alternatively, you may provide a statement as to you believe that you are Settlement Class Member. I believe that I am a Settlement Class Member because:
□ (cł	neck if attachment included)
II.	Personal Information
	Name (first, middle and last):
	Current Mailing Address:
	Telephone Number:
	Email Address (optional):
□ Ch	neck if you are represented by an attorney. neck if you and/or your attorney intend to personally appear at the Final Approval Hearing.
Atto Nan	orney Attorney Telephone # ne: and Email Address:
III.	Certification
	eby certify that the contents of this Notice of Objection Form are true and accurate, and that I have read and restand the Notice that I received.
Date	d:
	(Signature) or (Signature of Attorney)
	(Print Name)