

**CLAIM FORM**

*Freiburger v Mizuno USA, Inc.*

Case No. 25EV010647

A proposed Settlement has been reached in a class action lawsuit against Defendant. 1.8 “Data Breach” or “Data Incident” means the cyberattack suffered by Defendant wherein cybercriminals potentially accessed and/or stole files containing the private information of approximately 1,200 individuals from Defendant’s network.

You are a Settlement Class Member if you received a mailed notice that your private information was potentially compromised in the Data Incident discovered by Mizuno (“Defendant”) in November 2024.

**GENERAL INSTRUCTIONS**

If you fit the above description and are a member of the Settlement Class, you are eligible to complete this Claim Form to request reimbursement for documented Ordinary Losses and Lost Time as a result of the Data Incident up to a maximum of \$475.00 per person, documented Extraordinary Losses as a result of the Data Incident up to a maximum of \$5,000.00, in lieu of documented losses and Lost time, an Alternative Cash Payment of up to \$50.00; and two (2) years of one-bureau Identity Theft Protection and Credit Monitoring Services.

Please read the Claim Form carefully and answer all questions. Failure to provide the required information could result in a denial of your claim. This Claim Form can be completed and submitted with the required documentation on the Settlement Website at [www.MizunoSettlement.com](http://www.MizunoSettlement.com) or mailed to the address below. **Claim Forms must be submitted on or before June 15, 2026.** Please legibly print all requested information, in blue or black ink. Submit your Claim Form online, or mail your completed Claim Form, including any supporting documentation, to the address below. Documentation provided in support of your claim will not be returned, please retain copies of your documents for your personal records.

*Mizuno Data Incident*  
c/o Atticus Administration  
PO Box 64053  
St. Paul, MN 55164

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**I. CLASS MEMBER NAME AND CONTACT INFORMATION**

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Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

**First Name**

**Last Name**

**Mailing Address**

**City**

**State**

**Zip Code**

**Email Address**

**Telephone Number**

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**II. PROOF OF CLASS MEMBERSHIP**

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Enter the eight-digit Notice ID printed above your name and address on your mailed Notice.

**Notice ID Number**

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**III. IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES**

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I wish to receive two (2) years of Identity Theft Protection and Credit Monitoring Services.  YES  NO

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**IV. ALTERNATIVE CASH PAYMENT**

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Complete this section of the Claim Form if you are a Settlement Class Member and are seeking the \$50.00 Alternative Cash Payment Benefit. In lieu of Documented Ordinary Losses, Extraordinary Losses or Lost Time.

I attest and affirm to the best of my knowledge and believe that I am a Settlement Class Member and would like to claim the Alternative Cash Payment.

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**V. DOCUMENTED ORDINARY LOSSES**

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Complete this section of the Claim Form to be reimbursed for documented Monetary Losses and/or Lost Time that you incurred as a result of the Data Incident, up to an aggregate maximum of \$475.00. Documentation to substantiate your claim(s) is required and must accompany your Claim Form.

Ordinary Loss Description	Date	Dollar Amount	Supporting Documentation Description

**To qualify for Monetary Loss Reimbursements, documentation must be provided for each claimed loss listed above.**

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**VI. LOST TIME SELECTION**

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If you spent time in connection with efforts to remedy issues fairly traceable to the Data Incident, you may be eligible to receive reimbursement for up to four (4) hours of time (calculated at \$15.00 per hour, a maximum amount of \$60.00). Please state the precise number of hours you have expended in connection with efforts to remedy issues fairly traceable to the Data Incident.

I attest and affirm under penalty of perjury, that I spent  hours related to the Data Breach at the rate of \$15.00 per hour.

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**VII. DOCUMENTED EXTRAORDINARY LOSSES**

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Complete this section of the Claim Form to be reimbursed for documented Monetary Losses that you incurred as a result of the Data Incident, up to a maximum of \$5,000.00. Documentation to substantiate your claim(s) is required and must accompany your Claim Form.

Extraordinary Loss Description	Date	Dollar Amount	Supporting Documentation Description

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**VIII. PAYMENT SELECTION**

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Please select **one** payment method for receipt of any Settlement payment to which you are determined eligible:

**PayPal** - Enter your PayPal account email address: \_\_\_\_\_

**Venmo** - Enter your Venmo account mobile number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Zelle** - Enter your Zelle mobile number or email address:

Mobile Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or Email Address: \_\_\_\_\_

**Virtual Prepaid e-Mastercard** - Enter your email address: \_\_\_\_\_

**Physical Check** - Payment will be mailed to the address provided above.

**YOU WILL RECEIVE A VERIFICATION EMAIL OR TEXT MESSAGE REGARDING YOUR DIGITAL PAYMENT. YOU MUST VERIFY AND AUTHENTICATE YOUR PAYMENT INFORMATION IN ORDER TO RECEIVE A DIGITAL PAYMENT. IF YOU DO NOT VERIFY AND AUTHENTICATE YOUR INFORMATION, A PAPER CHECK WILL BE SENT TO YOU.**

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**IX. ATTESTATION & SIGNATURE**

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I swear and affirm under the laws of my state that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

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Signature

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Printed Name

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Date

**PLEASE MAKE SURE YOUR CLAIM FORM IS COMPLETE, SIGNED, AND INCLUDES DOCUMENTATION TO SUPPORT ANY MONETARY LOSSES BEING CLAIMED.**

**THE CLAIM FORM MUST BE POSTMARKED FOR MAIL OR SUBMITTED ONLINE ON OR BEFORE JUNE 15, 2026.**