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**The DEADLINE
to submit or mail this
Claim Form is:
June 22, 2026**

In re Lakeview Loan Servicing Data Breach Litigation
Master File No. 1:22-cv-20955-GAYLES

For Office Use Only

FULL-LENGTH CLAIM FORM

In re Lakeview Loan Servicing Data Breach Litigation
Master File No. 1:22-cv-20955-GAYLES
United States District Court, Southern District of Florida

SUBMIT BY JUNE 22, 2026 ONLINE AT
WWW.LAKEVIEWDATABREACHSETTLEMENT.COM

OR MAIL TO:
LAKEVIEW DATA BREACH SETTLEMENT
C/O KROLL SETTLEMENT ADMINISTRATION LLC
P.O. BOX 5324
NEW YORK, NY 10150-5324

GENERAL CLAIM FORM INFORMATION

This Claim Form¹ should be filled out online or submitted by mail if you received a notice of data security Incident letter stating your personal information was potentially compromised through a data security Incident that began on October 11, 2021 (the "Incident") at Bayview Asset Management, LLC ("Bayview"), Lakeview Loan Servicing, LLC ("Lakeview"), Pingora Loan Servicing, LLC ("Pingora"), and Community Loan Servicing, LLC ("Community Loan") (collectively, "Defendants"). The Settlement Class consists of "All Persons residing in the United States who were sent notice from any Defendant that their personally identifiable information ("PII") was potentially accessed during the Incident."²

If you wish to submit a Claim by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **no later than June 22, 2026**.

¹ Unless otherwise noted, all capitalized terms herein are defined in the Class Action Settlement Agreement, available at www.LakeviewDataBreachSettlement.com.

² Excluded from the Settlement Class are: (a) Defendants and their respective officers and directors; (b) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (c) the Judge and/or Magistrate assigned to evaluate the fairness of the Settlement Agreement; and (d) any other Person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding, or abetting the Incident or who pleads *nolo contendere* to any such charge.

Questions? Call 1-833-754-5757 Toll-Free or visit www.lakeviewdatabreachsettlement.com



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Claimant Information_____
First Name_____
M. Initial_____
Last Name_____
Street/P.O. Box_____
City_____
State_____
Zip Code(_____) - _____ - _____
Phone Number_____
Email Address @ _____83349 _____
Unique Identifier

(Can be found on the postcard notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator.)

Monetary Compensation

Cash Payment: Would you like to receive a cash payment under the Settlement?
(circle one)

Yes**No**

*If you selected "Yes," you must choose which cash payment you are eligible to receive. If you do not select an option, you will be deemed to have selected the *Pro Rata* Cash Payment option below. If you select the California *Pro Rata* Cash Payment and you were not a California resident at the time of the Incident, October 11, 2021, you will also be deemed to have selected the *Pro Rata* Cash Payment option.³ You may only select **ONE** Pro Rata Cash Payment option.

³ "Pro rata" means a proportional part of something such that everyone gets their exact piece of the whole, ensuring equitable distribution.

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(a) **Pro Rata Cash Payment:** After payment of Out-of-Pocket Loss Claims, the Settlement Administrator will make Settlement Payments of a single *pro rata* share of the remaining Net Settlement Fund to each Settlement Class Member who submits a Valid Claim and who did not reside in California at the time of the Incident. The amount of this payment will increase or decrease on a *pro rata* basis depending upon the number of Valid Claims filed.

(b) **California Pro Rata Cash Payment:** After payment of Out-of-Pocket Loss Claims, the Settlement Administrator will make Settlement Payments of two *Pro Rata* Shares (2x) of the remaining Net Settlement Fund to each Settlement Class Member who submits a Valid Claim and resided in California at the time of the Incident. The amount of this payment will increase or decrease on a *pro rata* basis depending upon the number of Valid Claims filed. **You must have been a California resident on October 11, 2021 to select this option, and must verify this fact by checking the box below.**

☐

I swear and affirm under the penalty of perjury under the laws of the United States of America that I was a California resident on October 11, 2021.

Which cash payment are you eligible to receive? (circle ONE)

California Pro Rata Cash Payment

Pro Rata Cash Payment

Out-of-Pocket Losses (if any): I am also submitting a claim for documented unreimbursed out-of-pocket monetary losses in the amount of \$_____ that I incurred as a result of the Incident. I understand that I am required to provide supporting third-party documentation to support my claim for out-of-pocket losses, such as copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation that I have not "self-prepared." I understand that "self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. I understand the Settlement Administrator may contact me for additional information before processing my claim. If I do not have information supporting my claim for unreimbursed monetary losses, I will not receive compensation for this Settlement benefit. **I understand that any monetary compensation I may receive under the Settlement is capped at \$5,000 for out-of-pocket expenses and that the total amount of the Net Settlement Fund available to pay all Out-of-Pocket Loss Claims is \$5,000,000.** To the extent Valid Claims for Out-of-Pocket Losses exceed \$5,000,000 collectively, those claims will be reduced on a *pro rata* basis.

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To the extent an Out-of-Pocket Loss Claim is denied, it will be treated as a claim for a *Pro Rata* Cash Payment, unless approved as a California *Pro Rata* Cash Payment.

Description of the unreimbursed, out-of-pocket loss or expenses incurred, and the documents attached to support this claim:

Monitoring Services

Would you like to receive Monitoring Services⁴ under the Settlement? **(circle one)**

Yes

No

If you selected "Yes," please provide your email address: _____

Signature and Class Member Attestation

Please sign below indicating that all information you are providing in this Claim Form is true and correct to the best of your knowledge and belief, subject to the penalty of perjury under 28 U.S.C. §1746.

Signature _____ Date ____ / ____ / ____

⁴ "Monitoring Services" means the services provided by CyEx pursuant to its Financial Shield Total product.

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