

SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you received a notice from Heirloom Roses, Inc. (“Heirloom”) in or around December 2021 regarding a data security incident that occurred at Heirloom between February of 2021 and October of 2021 (the “Data Security Incident”), or if you otherwise believe you were affected by the Data Security incident.

You may receive a payment if you properly and timely complete this Claim Form, the settlement is approved and you are found to be eligible for a payment.

The Notice describes your legal rights and options. You can obtain the Notice and further information about the Litigation, the Class Settlement Agreement and Release and your legal rights and options on the official settlement website, www.HeirloomRosesSettlement.com, or by calling 1-888-433-0449.

Your claim must be submitted online or postmarked by March 21, 2024 to be considered for payment. You can submit your claim for a settlement award in two ways:

1. Online at www.HeirloomRosesSettlement.com by following instructions on the “Submit a Claim” page; or
2. By mail to the Claims Administrator at this address:

Zuccherro v. Heirloom Roses, Inc.
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606

Only one Settlement Claim may be submitted per Settlement Class Member.

1. CLASS MEMBER INFORMATION (REQUIRED)

Name (First, MI, Last): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

2. PAYMENT ELIGIBILITY INFORMATION (REQUIRED)

For more information about this Section of the Claim Form and the types of awards available and rules for receiving an award, please review the Notice and Sections 2.1 through 2.5 of the Class Settlement Agreement and Release (available at www.HeirloomRosesSettlement.com). You may select any or all of the awards for which you are eligible.

All Settlement Class Members who incurred Out-of-Pocket expenses fairly traceable to the Data Security Incident may claim a Reimbursement Award of up to \$200. If you are claiming a Reimbursement Award, check this box:

Reimbursement Award (complete Sections 3, 4, 5 and 6)

3. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING A REIMBURSEMENT FOR UNAUTHORIZED OR FRAUDULENT CHARGES IN CONNECTION WITH A REIMBURSEMENT AWARD.

You must complete this Section 3 if you are seeking a Reimbursement Award. Please provide as much information as possible.

Required: I attest under penalty of perjury that I experienced one or more unauthorized or fraudulent charges from February 1, 2021 through December 31, 2021.

Required: Such charges have not been reimbursed.

Required: I believe in good faith such charges were more likely than not the result of the Data Security Incident described in the Notice.

The total amount of unreimbursed fraudulent charges that I am claiming is \$_____

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company.

Required: Attach a copy of statements that show the fraudulent charges and correspondence showing that you reported them as unauthorized. (You may redact all unrelated transactions). Attach documentation showing that the expenses are fairly traceable to the Security Incident. Attach documentation showing that your requests for reimbursement were denied. Please describe below when and how you reported them and to whom you reported them (attach pages as necessary):

(**Required**). I have made good faith efforts to have these unauthorized charges reversed or repaid, including through my bank or credit card company and have exhausted all available credit monitoring, identity theft insurance or other applicable insurance policies, but have not been successful at having the charges reversed, have not received payment and have no insurance coverage for these unauthorized charges.

If you are seeking reimbursement for Out-of-Pocket Expenses as part of your claim for a Reimbursement Award, complete Section 4.

4. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES IN CONNECTION WITH A REIMBURSEMENT AWARD.

I attest under penalty of perjury that I am making a claim for a Reimbursement Award, and that I incurred between February 1, 2021 and December 31, 2021 the following Out-of-Pocket Expenses fairly traceable to the Security Incident that affected the Heirloom website described in the Notice.

Check all that apply, stating the total amount you are claiming for each category and attaching documentation of the charges as described below. Round total amounts to the nearest dollar.

Unreimbursed payment card fees or bank fees:

Total amount claimed for this category: \$_____

Examples: Unreimbursed card reissuance fees, unreimbursed overdraft fees, unreimbursed charges related to unavailability of funds, unreimbursed late fees, unreimbursed over-limit fees and unreimbursed fees relating to an account being frozen or otherwise unavailable due to the Security Incident.

Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (please redact unrelated transactions).

Unreimbursed costs or charges for obtaining credit reports, credit freezes or credit monitoring or identity theft protection services purchased between February 1, 2021 and December 16, 2021:

Total amount claimed for this category: \$_____

Examples: The cost of purchasing a credit report or placing a credit freeze.

Required: A copy of a receipt of other proof of purchase for each credit report, credit freeze or credit monitoring or identity theft protection services (up to two years of coverage) purchased or placed.

Lost time:

Total amount claimed for this category (\$20 per hour for up to two hours for a total of up to \$40):
\$_____

Examples: Time spent researching the Security Incident

Required: By submitting a claim for lost time, I certify that my claim is true and correct.

5. PAYMENT METHOD

Your payment will be issued for your valid Claim by Paper Check via mail. If you prefer an electronic payment, please submit a Claim online at www.HeirloomRosesSettlement.com.

6. CERTIFICATION

The information I have supplied in this Claim Form is true and correct to the best of my recollection and this form was executed on the date set forth below.

I understand all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature: _____

Print Name: _____

Date: _____

Once you've completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by March 21, 2024.

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