

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA**

In re

*Data Security Cases Against NELNET
SERVICING, LLC*

Case No. 4:22-cv-3191

The Honorable John M. Gerrard, U.S.D.J.

The Honorable Jacqueline M. DeLuca, U.S.M.J.

SETTLEMENT CLAIM FORM

Prior to completing this form, it is important that you review the **Notice of Proposed Class Action Settlement, May 5, 2026, Fairness Hearing Thereon, and Class Members' Rights** ("Notice") and the Stipulation and Agreement of Settlement ("Settlement Agreement") between Plaintiffs and Nelnet Servicing, LLC ("Nelnet"), Edfinancial Services, LLC ("Edfinancial"), and the Oklahoma Student Loan Authority ("OSLA"), which are available at the Settlement Website, www.NelnetSettlement.com. The Settlement Agreement contains an explanation of the plan to distribute the Settlement Benefits.

Please submit this Settlement Claim Form **online at www.NelnetSettlement.com by 11:59 p.m. Eastern Time on March 5, 2026, OR mail this form to the Claims Administrator so that it is received no later than March 5, 2026**. If mailed, please type or legibly print all requested information, in blue or black ink. Mail your completed Settlement Claim Form, including any supporting documentation, to:

Nelnet Data Security Settlement
c/o A.B. Data, Ltd.
P.O. Box 173032
Milwaukee, WI 53217

If you are unable to submit the required information as described below or have any questions, you should call or email the Claims Administrator for further instructions.

I. CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications relevant to this Settlement Claim Form. If this information changes, please notify the Claims Administrator in writing. If you are completing and signing this Settlement Claim Form on behalf of the Claimant, you must attach documentation showing your authority to act on behalf of Claimant.

Unique ID: _____

PIN: _____

This code can be found on the Short-Form Notice you received via email/U.S. Mail or upon being verified as a Settlement Class Member by the Claims Administrator.

First Name

MI

Last Name

Alternative Name(s)

Mailing Address, Line 1

Mailing Address, Line 2

City

State

Zip Code

Telephone Number (Primary)

Telephone Number (Secondary)

Email Address

II. CREDIT MONITORING AND IDENTITY THEFT PROTECTION

If you are an eligible Settling Class Member, as part of the Settlement, then you may receive a credit monitoring product that will provide two (2) years of credit monitoring and identity restoration services and at least one million U.S. Dollars (\$1,000,000.00) in identity theft insurance. This product has a retail value of \$187 per year. No additional documentation is required to be eligible for Credit Monitoring and Identity Theft Protection. Settling Class Members whose Settlement Claim Forms are determined to be timely and valid who request Credit Monitoring and Identity Theft Protection will receive an activation code to begin credit monitoring that shall be sent via email.

To select Credit Monitoring and Identity Theft Protection benefit, please check below and enter the email address where you wish to receive the activation code (if different from above):

☐ Please send me an activation code for Credit Monitoring and Identity Theft Protection.

☐ Please use this alternate email address to send the activation code: _____.

III. OUT-OF-POCKET COST REIMBURSEMENT

A. Cash Payment for Reimbursement of Documented Out-of-Pocket Losses

Settling Class Members that provide documented evidence of out-of-pocket losses directly attributable to the Data Security Incident may be reimbursed up to five thousand U.S. Dollars (\$5,000.00) (“Cash Payment for Reimbursement of Documented Out-of-Pocket Losses”). To be eligible for this benefit, please (i) fill out the information below and/or on a separate sheet submitted with this Settlement Claim Form; (ii) sign the attestation at the end of this Settlement Claim Form (section VI); and (iii) include reasonable documentation supporting each claimed cost along with this Settlement Claim Form. Out-of-Pocket Losses will be deemed fairly traceable to the Data Security Incident by the Claims Administrator if the Out-of-Pocket Losses occurred on or after June 10, 2022, and the Claims Administrator determines the Out-of-Pocket Losses are fairly traceable to the information disclosed in the Data Security Incident. Reasonable documentation can include receipts or other documentation not “self-prepared” by the Settlement Class Member that document the costs incurred. 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. Please see Section 7.5.1 of the Settlement Agreement for the full list of what will be accepted.

Cost Type (Check all that apply)	Date of Loss (Approximate)	Amount of Loss	Description of Reasonable Documentation (What you are attaching and why)										
<input type="checkbox"/> Losses from identity theft or fraud	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> (mm/dd/yyyy)			/			/					\$ _____.	Examples: Account statement with unauthorized charges highlighted; correspondence from financial institution declining to reimburse you for fraudulent charges.
		/			/								

Cost Type (Check all that apply)	Date of Loss (Approximate)	Amount of Loss	Description of Reasonable Documentation (What you are attaching and why)										
<input type="checkbox"/> Fees or costs incurred in connection with identity theft or fraud	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> (mm/dd/yyyy)			/			/					\$ _____.	<i>Examples: Receipt for hiring service to assist you in addressing identity theft; accountant bill for re-filing tax return.</i>
		/			/								
<input type="checkbox"/> Lost interest or other damages resulting from delayed state and/or federal tax refund resulting from fraudulent tax return	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> (mm/dd/yyyy)			/			/					\$ _____.	<i>Examples: Letter from IRS or state taxing authority about tax fraud in your name; documents reflecting length of time you waited to receive your tax refund and the amount thereof.</i>
		/			/								
<input type="checkbox"/> Credit freeze	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> (mm/dd/yyyy)			/			/					\$ _____.	<i>Examples: Notices or account statements reflecting payment for a credit freeze.</i>
		/			/								
<input type="checkbox"/> Credit monitoring that was purchased after June 10, 2022	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> (mm/dd/yyyy)			/			/					\$ _____.	<i>Examples: Receipts or account statements reflecting purchases made for identity theft protection and/or credit monitoring services.</i>
		/			/								
<input type="checkbox"/> Miscellaneous expenses such as notary, fax, postage, copying, mileage, and/or long-distance telephone charges	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> (mm/dd/yyyy)			/			/					\$ _____.	<i>Example: Phone bills, gas receipts, postage receipts; detailed list of locations to which you traveled (such as police station or IRS office), indication of why you traveled there (e.g., police report or letter from IRS regarding falsified tax return), and number of miles you traveled.</i>
		/			/								
<input type="checkbox"/> Other (provide detailed description)	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> (mm/dd/yyyy)			/			/					\$ _____.	<i>Please provide detailed description below or in a separate document submitted with this Settlement Claim Form.</i>
		/			/								

B. Cash Payment for Lost Time

Settling Class Members may submit a claim for reimbursement of time spent of up to four (4) hours at twenty-five U.S. Dollars (\$25.00) per hour. Settlement Class Members can receive reimbursement for Lost Time by providing, under penalty of perjury, a brief description of the actions taken in response to the Data Security Incident and the time associated with each action. Claims for Lost Time are capped at one hundred U.S. Dollars (\$100.00) per Settlement Class Member. A claim for Lost Time may be combined with a claim for Out-of-Pocket Losses, but in no circumstance will an Authorized Claimant be eligible to receive more than the five thousand U.S. Dollars (\$5,000.00) individual cap.

If you wish to receive a Cash Payment for Lost Time, please specify your total requested reimbursement below and attach a description of your actions taken in response to the Data Security Incident and the time associated with each action.

_____ hours x \$25/hr. = \$_____ (reimbursement for Lost Time)

IV. **PRO RATA CASH PAYMENT**

Settling Class Members may choose to receive a *pro rata* share (the “*Pro Rata Cash Payment*”) from the Remaining Cash Payment Fund. No documentation is required to receive the *Pro Rata Cash Payment*. You may receive a (i) *Pro Rata Cash Payment* or (ii) a Cash Payment for Reimbursement of Documented Out-of-Pocket Losses and Lost Time, but not both. However, if you submit a claim for Cash Payment for Reimbursement of Documented Out-of-Pocket Losses and Lost Time and it is less than the amount that you otherwise would have received from a *Pro Rata Cash Payment*, your claim will be converted to a *Pro Rata Cash Payment*.

California residents shall receive a 2x multiplier on their *Pro Rata Cash Payment* claims. Residency shall be determined by the Settlement Class Member’s primary residence at the time of the Data Security Incident based upon the Class List provided by the Settling Entities and shall be attested to by the Settlement Class Member on the Settlement Claim Form. Reasonable proof of California residency may be required as determined by the Claims Administrator.

If you were a California resident during the time of the Data Security Incident, please provide your California contact information below:

CA Address: _____

To select *Pro Rata Cash Payment* benefit, please check below:

_____ I select the *Pro Rata Cash Payment*.

V. **PAYMENT**

Payment will be sent to you digitally via email and/or text via an electronic payment platform. Please provide a current, valid email address and/or mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Claims Administrator to receive a payment.

When you receive the email and/or mobile phone text notifying you of your Settlement Payment, you will be provided with a number of electronic payment options such as PayPal, Venmo, Apple Pay, and Amazon to immediately receive your Settlement Payment. The email and/or text will also give you the option to request a paper check. By submitting this Settlement Claim Form, you agree to receive electronic communications including emails and texts from the Claims Administrator at the email and phone numbers provided herein. Message and data rates may apply.

VI. **ATTESTATION**

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME ON THIS SETTLEMENT CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DATA SUBMITTED IN CONNECTION WITH THIS SETTLEMENT CLAIM FORM ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

Print Name of Claimant

Date: _____
MM/DD/YY

REMINDER: YOUR SETTLEMENT CLAIM FORM AND REQUIRED DATA MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON MARCH 5, 2026, OR RECEIVED NO LATER THAN MARCH 5, 2026.