

## SETTLEMENT CLAIM FORM

This Claim Form should be filled out online or submitted by mail if you made a purchase using a credit or debit card between November 23, 2017 and March 29, 2018 at any of the following restaurants in Hawaii: Zippy's Restaurants, Napoleon's Bakery, Kahala Sushi, Pearl City Sushi and Pomaika'i Ballrooms (the "FCH Restaurants").

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 Settlement Notice describes your legal rights and options. You can obtain the Settlement Notice and further information about the Lawsuit, the Settlement, and your legal rights and options on the official Settlement website [www.Zippyssettlement.com](http://www.Zippyssettlement.com) or by calling **1-888-906-2033**.

Your claim must be submitted online or postmarked by **June 2, 2019** to be considered for payment. You can submit your claim for a settlement award in two ways:

1. Online at [www.Zippyssettlement.com](http://www.Zippyssettlement.com) by following instructions on the "Submit a Claim" page.
2. By mail to the Claims Administrator at this address: **FCH Enterprises Claims Administrator, c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606.**

Only one Settlement Claim may be submitted per Settlement Class Member, and only one Settlement Claim may be submitted per credit or debit card used at FCH Restaurants during the Class Period.

### 1. CLASS MEMBER INFORMATION (REQUIRED)

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if any): \_\_\_\_\_

**Required:** Enclose a receipt, bank or credit card statement, or other proof of purchase showing you used your credit or debit card at FCH Restaurants between November 23, 2017 and March 29, 2018. (You may redact unrelated transactions).

**[OR]** If such documents are not available, complete all parts of this section:

(Check to indicate your agreement). I no longer have proof of my purchase, but I attest under penalty of perjury that I made a credit or debit card purchase at the following FCH Restaurant between November 23, 2017 and March 29, 2018:

Location and approximate date of purchase: \_\_\_\_\_

Last 4 digits of credit or debit card used: \_\_\_\_\_

(Check if card is no longer available). I attest under penalty of perjury that I no longer have the debit or credit card used and do not know the last 4 digits.

## 2. PAYMENT ELIGIBILITY INFORMATION (REQUIRED)

To prepare for this section of the Claim Form, please review the Settlement Notice and Sections 2.1 through 2.4 of the Settlement Agreement (available at [www.Zippyssettlement.com](http://www.Zippyssettlement.com)) for more information on the types of awards available and rules for receiving an award.

Settlement Class Members may receive only one of the following types of awards: (1) Basic Award, (2) Expense Reimbursement Award, or (3) Extraordinary Expense Award. Which type of award are you making a claim for (check one)?

- Basic Award (go to Section 6)
- Expense Reimbursement Award (go to Section 3)
- Extraordinary Expense Award (go to Section 4)

## 3. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS MAKING EXPENSE REIMBURSEMENT AWARD CLAIMS.

You must complete this Section 3 if you are seeking an Expense Reimbursement Award.

(Check to indicate your agreement). I attest under penalty of perjury that I experienced one or more unauthorized charges between November 23, 2017 and September 25, 2018 on a credit or debit card I used at a FCH Restaurant between November 23, 2017 and March 29, 2018, which charges were denied or reimbursed, and which I believe in good faith were more likely than not the result of the breach of FCH's computer systems that was publicly disclosed by FCH on April 27, 2018.

**Required:** Enclose information showing that unauthorized charges were made on your credit or debit card that were denied or reimbursed, such as bank or credit card statements and correspondence with your bank or credit card company.

*If you are also seeking reimbursement for Out-of-Pocket Expenses as part of your claim for an Expense Reimbursement Award, complete Section 5. Otherwise, go to Section 6.*

## 4. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS MAKING EXTRAORDINARY EXPENSE AWARD CLAIMS.

You must complete this Section 4 if you are seeking an Extraordinary Expense Award. Please provide as much information as possible.

**Required:** I attest under penalty of perjury that I experienced one or more fraudulent charges between November 23, 2017 and September 25, 2018 on a credit or debit card I used at a FCH Restaurant between November 23, 2017 and March 29, 2018, which charges have not been reimbursed, and which I believe in good faith were more likely than not the result of the breach of FCH's computer systems that was publicly disclosed by FCH on April 27, 2018.

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 any correspondence showing that you reported them as unauthorized. (You may redact unrelated transactions). If you do not have any written correspondence reporting the charges, describe when you reported them and who you reported them to:

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(**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.

(Check if applicable). I spent time dealing with these unauthorized charges and wish to be reimbursed for my time spent, up to a maximum of three (3) hours. I spent this much time (round to the nearest hour and check only one box):

1 Hour       2 Hours       3 Hours

**Examples:** You spent at least one full hour calling customer service lines, writing letters or emails, or on the internet trying to get unauthorized charges reversed or reimbursed. Please note that the time it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

**Required:** If time was spent on the telephone or online, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to get unauthorized charges reversed or reimbursed, describe what you did.

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*If you are also seeking reimbursement for Out-of-Pocket Expenses as part of your claim for an Extraordinary Expense Award, complete Section 5. Otherwise, go to Section 6.*

**5. ADDITIONAL INFORMATION REQUIRED FROM SETTLEMENT CLASS MEMBERS SEEKING REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES IN CONNECTION WITH AN EXPENSE REIMBURSEMENT AWARD OR AN EXTRAORDINARY EXPENSE AWARD.**

I attest under penalty of perjury that (a) I am making a claim for an Expense Reimbursement Award or an Extraordinary Expense Award, and (b) I incurred the following Out-of-Pocket Expenses as a result of one or more unauthorized charges between November 23, 2017 and September 25, 2018 on a credit or debit card I used at a FCH Restaurant between November 23, 2017 and March 29, 2018.

*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:** Overdraft fees, over-limit fees, late fees, charges due to insufficient funds or interest, card reissuance fees

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

Cell, internet or text charges

Total amount claimed for this category: \$ \_\_\_\_\_

**Examples:** Long distance or cell phone charges (if charged by the minute), or data charges (if charged based on the amount of data used).

**Required:** A copy of the bill from your telephone company, cell phone company, or internet service provider showing the claimed charges.

Costs of obtaining credit reports or credit freezes

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 or credit freeze purchased or placed.

*\*\*The cost of purchasing credit monitoring services or identity theft insurance is not reimbursable under the Settlement and is not included in this category.*

Postage costs

Total amount claimed for this category: \$ \_\_\_\_\_

**Examples:** Postage for correspondence with your bank or credit card company about unauthorized charges. The cost of submitting this form is not included.

**Required:** A copy of any receipt or proof of purchase for all postage costs claimed showing date, amount and vendor.

## 6. CERTIFICATION

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed 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.

I understand that all information provided on this Claim Form is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee 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 **June 2, 2019**.

**FCH Enterprises Claims Administrator  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606**