

CLAIM FORM

This lawsuit arises out of unauthorized access to Revance Therapeutics, Inc. (“Revance”)’s systems and certain files containing sensitive and/or personal information about Revance’s employees and customers including, but not limited to, names, addresses, dates of birth, Social Security numbers, driver’s license numbers, bank account numbers, treatment information and/or health insurance information (including health plan information) (collectively “Private Information”) and which was discovered by Revance on or about April 27, 2023 (the “Data Incident”). Revance disagrees with Plaintiff’s claims in the lawsuit and denies any wrongdoing.

This Claim Form should be filled out online or submitted by mail if you had documented out-of-pocket expenses, fraudulent charges, lost time spent dealing with the Data Incident, or documented, unreimbursed extraordinary monetary losses as a result of the Data Incident. Checks will be mailed, or electronic payments will be made, to eligible Settlement Class Members if the Settlement is approved by the Court.

The Settlement Notice describes your legal rights and options. Please visit the official settlement administration website, www.RevanceSettlement.com, or call 1-877-595-0187 for more information.

Claim submission options:

- File a claim online at www.RevanceSettlement.com. Your form must be submitted by **11:59 p.m. PT on August 28, 2024**.
- Print this form, complete the form in its entirety, and mail to the Claims Administrator at the address listed below. Your Claim Form must be postmarked by **August 28, 2024**.
- You can contact the Claims Administrator to request a Claim Form be mailed to you. You must complete the Claim Form in its entirety and then mail the completed Claim Form so that it is postmarked by **August 28, 2024**.

YOU MUST INCLUDE YOUR CLASS MEMBER ID in Section 1 below. You can locate your Class Member ID at the top of the postcard Notice that was sent to you.

1. CLASS MEMBER INFORMATION

Class Member ID: _____		
First Name (REQUIRED)	Last Name (REQUIRED)	
Street Address (REQUIRED) 		
City (REQUIRED)	State (REQUIRED)	ZIP Code (REQUIRED)
Email Address (Optional)	Telephone Number (REQUIRED)	

2. PAYMENT ELIGIBILITY INFORMATION

Please review the Notice and sections 2.1 through 2.2 of the Settlement Agreement (available at www.RevanceSettlement.com) for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us figure out if you are entitled to a Settlement payment.

PLEASE PROVIDE THE INFORMATION LISTED BELOW:

Check the box for each category of documented out-of-pocket expenses, fraudulent charges, or lost time that you incurred between March 15, 2023, and the Claims Deadline, August 28, 2024, as a result of the Data Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in **bold type** (if you are asked to provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish).

Documented Ordinary Expense Reimbursement Resulting from the Data Incident: (not to exceed \$1,000 per Settlement Class Member)

- Unreimbursed fees or other charges from your bank due to fraudulent activity.

Examples - Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

Total amount claimed for this category \$_____

- I have attached a copy of a bank or credit card statement or other proof of the fees or charges.*

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

Date reported _____

Description of the person(s) and/or companies to whom you reported the fraud:

- Other incidental telephone, internet, postage, or gasoline (for local travel only) expenses directly related to the Data Incident.

Examples - Long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used)

Total amount claimed for this category \$_____

- I have attached a copy of the bill from my telephone or mobile phone company or internet service provider, postage provider, or gasoline provider that shows the charges, receipts, or other proof of purchase of the fees or charges.*

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

- Credit reports, identity theft insurance, or credit monitoring charges.

Examples - The cost of a credit report, identity theft insurance, or credit monitoring services that you purchased between March 15, 2023, and the Claims Deadline.

Total amount claimed for this category \$_____

- I have attached a copy of a receipt or other proof of purchase for each credit report or product purchased.*

(You may mark out any transactions that were not fraudulent and any other information that is not relevant to your claim before sending in the documentation.)

- Between one (1) and three (3) hours of time spent dealing with the Data Incident (which will be calculated and paid at a rate of \$25 per hour). You must attest that any claimed lost time was spent responding to issues raised by the Data Incident and provide a written description of how the claimed lost time was spent related to the Data Incident.

Examples – You spent at least one (1) full hour calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total.

Total number of hours claimed _____

In order to receive this payment, you must describe what you did and how the claimed lost time was spent related to the Data Incident.

Check all activities, below, which apply. If no box applies, you must provide a written description in the “other” category.

- Calling bank/credit card customer service lines regarding fraudulent transactions.
- Writing letters or e-mails to banks/credit card companies in order to have fraudulent transactions reversed.
- Time on the internet verifying fraudulent transactions.
- Time on the internet updating automatic payment programs due to new card issuance.
- Calling credit reporting bureaus regarding fraudulent transactions and/or credit monitoring.
- Writing letters or e-mails to credit reporting bureaus regarding correction of credit reports.
- Other. Provide description(s) here:

Documented Extraordinary Loss Reimbursement. If you wish to receive reimbursement of actual, documented, and unreimbursed losses (up to \$2,500) that were more likely than not caused by the Data Incident, occurred between March 15, 2023 and the Claims Deadline, August 28, 2024, and not already covered by one or more of the other categories of Settlement benefits, describe the unreimbursed losses claimed (including the amount of each loss), sign the attestation at the end of this Claim Form, and attach supporting documentation (if you provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). By signing the attestation below, you are affirming that to the best of your knowledge and belief the claimed losses were more likely than not caused by the Data Incident.

Describe all actual, documented, and unreimbursed losses (including the amount of each loss and the total amount claimed) that were more likely than not caused by the Data Incident.

Description of Loss	Amount
TOTAL Amount Being Claimed:	

