

## CLAIM FORM AND INSTRUCTIONS

A settlement has been reached in a proposed class action lawsuit concerning Plaintiffs Jennifer Miranda and Patricia Terry's ("Plaintiffs") allegations that between May 30, 2019 and October 6, 2019, Golden Entertainment (NV), Inc. ("Golden") was the target of a cyberattack in which third parties sent phishing emails to Golden employees in the hopes of gaining access to its computer systems, which might have resulted in unauthorized parties accessing the personal information of Golden's customers, vendors, and current and former employees (the "Phishing Attack").

You are a class member if you are or were a customer, vendor, current employee, or former employee of Golden to whom Golden mailed notice that between, May 30, 2019 and October 6, 2019, it was the target of a cyberattack in which third parties sent phishing emails to Golden's employees in the hopes of gaining access to its computer systems and might have resulted in unauthorized parties accessing personal information. As a class member, you are eligible to receive (1) one year of comprehensive credit monitoring through Identity Guard Total powered by IBM Watson, including up to \$1 million in identity theft insurance; (2) cash reimbursement for up to \$200 of documented out-of-pocket expenses related to the Phishing Attack (up to an aggregate cap of \$250,000); and (3) up to 3 hours of undocumented lost time valued at \$15 per hour dealing with the effects of the Phishing Attack.

### **To receive any of these benefits, you must submit the claim form below by April 15, 2021.**

(1) Credit Monitoring: All class members are eligible to receive one year of comprehensive credit monitoring through Identity Guard Total powered by IBM Watson, including up to \$1 million in identity theft insurance. **You must file a claim to obtain credit monitoring.** After you submit the claim form, if the Court approves the Settlement, you will receive an email with instructions to enroll in credit monitoring.

(2) Documented Out-Of-Pocket-Expenses Reimbursement: All class members are eligible to obtain reimbursement for up to \$200 in out-of-pocket expenses, subject to an aggregate cap of \$250,000 for all Settlement Class Members. **You must file a claim to obtain such reimbursement.** These documented expenses or monetary losses must have been incurred as a result of the Phishing Attack, between May 30, 2019 and October 6, 2019. They may include: (i) unreimbursed bank fees; (ii) unreimbursed card reissuance fees; (iii) unreimbursed overdraft fees; (iv) unreimbursed charges related to unavailability of funds; (v) unreimbursed late fees; (vi) unreimbursed over-limit fees; (vii) long distance telephone charges; (viii) cell minutes (if charged by minute), Internet usage charges (if charged by the minute or by the amount of data usage and incurred solely as a result of the Phishing Attack), and text messages (if charged by the message and incurred solely as a result of the Phishing Attack); (ix) unreimbursed charges from banks or credit card companies; (x) interest on payday loans due to card cancellation or due to over-limit situation incurred solely as a result of the Phishing Attack; (xi) costs of credit report(s) purchased by class members between November 7, 2019 and the date of the Preliminary Approval Order (with affirmative statement by class member that it was purchased primarily because of the Phishing Attack); and (xii) other losses incurred by class members determined by the claims administrator to be fairly traceable to the Phishing Attack. The maximum amount Golden is required to pay for all claims for out-of-pocket expenses is \$250,000. If the total amount of out-of-pocket-expense claims exceeds \$250,000, each class member's claim will be reduced proportionally until the total amount is \$250,000.

(3) Lost-Time Reimbursement: All class members are eligible to obtain reimbursement for up to three hours of lost time spent dealing with issues arising out of the Phishing Attack (calculated at the rate of \$15 per hour). Class members must have spent at least one (1) half-hour dealing with issues arising out of the Phishing Attack. The Settlement Class Member must attest on the claim form to the time spent. No documentation other than a description of their actions shall be required for class members to receive compensation for lost time. Claims made for lost time

can be combined with claims made for out-of-pocket expenses and, together with the out-of-pocket expenses, are subject to the \$200 cap for individuals. Claims for lost time will not apply to the \$250,000 cap on out-of-pocket expenses.

### **REQUIREMENTS FOR FILING A CLAIM FORM**

Your claim will be considered only upon compliance with all of the following conditions:

1. You must accurately complete all required portions of the attached claim form.
2. You must sign this claim form, which includes the certification. If you file a claim form electronically, your electronic signature and submission of the form shall have the same force and effect as if you signed the form in hard copy.
3. **If you are claiming reimbursement for lost time:** By signing and submitting the claim form, you are certifying under penalty of perjury that you spent time dealing with the effects of the Phishing Attack for at least one half-hour.
4. **If you are claiming reimbursement for out-of-pocket expenses:** You must submit documentation supporting your out-of-pocket expenses, specifically (i) your name and current address; (ii) supporting documentation of such out-of-pocket expenses; and (iii) a description of the loss, if not readily apparent from the documentation. **The failure to submit such documentation may prevent you from claiming reimbursement for out-of-pocket expenses.**
5. You have two ways to complete and submit a claim form: (A) you may mail the completed and signed claim form and certification by First Class U.S. Mail, postage prepaid, postmarked no later than April 15, 2021 to:

**Golden Entertainment Settlement  
c/o Claims Administrator  
P.O. Box 126  
Warminster, PA, 18974-0126**

Or (B) you may complete and submit the claim form and certification using the settlement website, located at [www.GoldenSettlement.com](http://www.GoldenSettlement.com). If you file an electronic claim form and have documentation supporting your out-of-pocket expenses, you must include documentation with your electronic submission.

6. Your failure to complete and submit the claim form using the settlement website by April 15, 2021, or by mail postmarked by April 15, 2021, will preclude you from receiving any payment in this settlement. If you submit by mail, you are advised to use (but are not required to use) certified mail, return receipt requested so that you will have a record of the date of mailing.

Submission of this claim form does not assure that you will share in the payments related to the settlement in *Miranda, et al. v. Golden Entertainment (NV), Inc.* If the claims administrator determines that your claim may be invalid, the claims administrator may reject your claim subject to your right to present information to dispute the claims administrator's finding. For more information on this process, see Paragraph 2.3 of the Settlement Agreement, which is available at [www.GoldenSettlement.com](http://www.GoldenSettlement.com).



3 1 1 6 1 0 0 0 0 0 0 0

Miranda, et al. v. Golden Entertainment (NV), Inc.

CLAIM FORM

Please print or type

I, \_\_\_\_\_, state as follows:

LAST NAME/Entity (Claimant)\*

FIRST NAME (Claimant)\*

Current Address\*

Current City\*

State\*

Zip Code\*

(\_\_\_\_)\_\_\_\_-\_\_\_\_ Telephone Number (Day)(optional)

(\_\_\_\_)\_\_\_\_-\_\_\_\_ Telephone Number (Night)(optional)

@

E-mail Address\*

IDENTITY OF CLAIMANT (Check appropriate box)

Individual

Legal Representative (attach information showing authority to submit claim)

Other (specify, describe on separate sheet)

CREDIT MONITORING AND INSURANCE SERVICES

If you wish to receive credit monitoring, please provide your email address in the space provided above, check the box below certifying that you would like to receive credit monitoring, and return this claim form to the claims administrator, either via mail or electronically. Submitting this claim form will not automatically enroll you into credit monitoring. To enroll, you must follow the instructions that will be emailed to you after the settlement becomes final.

I would like to receive credit monitoring and have provided my email address in the space provided above.

DOCUMENTED OUT-OF-POCKET-EXPENSE REIMBURSEMENT

You may receive reimbursement for documented out-of-pocket expenses or costs incurred as a result of the Phishing Attack, up to \$200. The maximum amount Golden is required to pay for all claims for out-of-pocket expenses is \$250,000. If the total amount of out-of-pocket-expense claims exceeds \$250,000, each class member's claim will be reduced proportionally until the total amount is \$250,000. To do so, (1) itemize your expenses or out-of-pocket costs in the chart below; (2) sign the certification at the end of this claim form, attesting that all information submitted is true and correct, that you incurred these expenses as a result of the Phishing Attack, and that none of your claimed out-of-pocket expenses have already been reimbursed by any other source; (3) include with this claim form documentation supporting each claimed expense or cost; and (4) provide your address above.

Table with 3 columns: Expense / Cost Type, Approximate Date(s) of Expense/Cost, Amount of Expense or Cost. Includes rows for Unreimbursed bank fees and Unreimbursed card reissuance fees, each with a description of supporting documentation.

If you have questions about this Claim Form, please visit www.GoldenSettlement.com or call 1-833-253-8063.



3 1 1 6 1 0 0 0 0 0 0 0

Expense / Cost Type (Select all that apply)	Approximate Date(s) of Expense/Cost (MM-DD-YYYY)	Amount of Expense or Cost
<input type="checkbox"/> Unreimbursed overdraft fees	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Credit card statements with unreimbursed fees circled.</i>		
<input type="checkbox"/> Unreimbursed charges related to unavailability of funds	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Credit card statements with unreimbursed fees circled.</i>		
<input type="checkbox"/> Unreimbursed late fees	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Credit card or bank statements with unreimbursed fees circled.</i>		
<input type="checkbox"/> Unreimbursed over-limit fees	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Credit card or bank statements with unreimbursed fees circled.</i>		
<input type="checkbox"/> Long distance telephone charges	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Cell phone bill with charges circled.</i>		
<input type="checkbox"/> Cell minutes (if charged by minute)	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Cell phone bill with charges circled.</i>		



3 1 1 6 1 0 0 0 0 0 0 0

Expense / Cost Type (Select all that apply)	Approximate Date(s) of Expense/Cost (MM-DD-YYYY)	Amount of Expense or Cost
<input type="checkbox"/> Internet usage charges (if charged by the minute or by the amount of data usage and incurred solely as a result of the Phishing Attack)	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Internet bill with charges circled.</i>		
<input type="checkbox"/> Text message charges (if charged by the message and incurred solely as a result of the Phishing Attack)	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Cell phone bill with charges circled.</i>		
<input type="checkbox"/> Unreimbursed charges from banks or credit card companies	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Bank or credit card statements with unreimbursed charges circled.</i>		
<input type="checkbox"/> Interest on payday loans due to card cancellation or due to over-limit situation incurred solely as a result of the Phishing Attack	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Loan statements with interest circled.</i>		
<input type="checkbox"/> Costs of credit report(s) purchased by Settlement Class Members between November 7, 2019 and the date of the Preliminary Approval Order	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Example: Receipts or account statements reflecting purchases made for credit reports.</i>		
<input type="checkbox"/> Other losses incurred by determined by the Claims Administrator to be fairly traceable to the Phishing Attack	□□-□□-□□□□	\$□□□□□ . □□
<b>Description of Supporting Documentation (identify what you are attaching and why):</b> <i>Please provide a detailed description below or in a separate document submitted with this Claim Form.</i>		



3 1 1 6 1 0 0 0 0 0 0 0

Expense / Cost Type (Select all that apply)	Approximate Date(s) of Expense/Cost (MM-DD-YYYY)	Amount of Expense or Cost

**LOST TIME REIMBURSEMENT**

You may receive reimbursement for up to three hours of time spent as a result of the Phishing Attack, compensated at \$15 per hour. To do so, (1) state the number of hours (up to three) you spent addressing or remedying issues caused by the Phishing and describe what steps you took; (2) sign the certification at the end of this claim form, attesting that all information submitted is true and correct and that you incurred this time as a result of the Phishing Attack; and (3) provide your address above.

Expense / Cost Type	Approximate Date(s) of Expense Cost (MM-DD-YYYY)	Hours (at least one half-hour, up to three hours)
<input type="checkbox"/> Lost Time	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> . <input type="text"/> <input type="text"/>
<b>Description of Actions Taken in response to Phishing Attack (identify what you did):</b> <i>Example: Called bank to have fraudulent charge(s) removed, called credit card company to issue new credit card, froze credit</i>		

**CERTIFICATIONS\***

I have read and am familiar with the contents of the Instructions accompanying this claim form and I certify under penalty of perjury that the information I have set forth in the foregoing claim form and in documents attached by me are true, correct and complete to the best of my knowledge.

I am not an officer, director, agent, servant or employee of the GOLDEN ENTERTAINMENT (NV), INC. or any related entity thereof; a judge in this lawsuit; or an immediate family member of such persons; I was mailed a letter by Golden Entertainment (NV), Inc. notifying me that my personal information may have been affected by the Phishing Attack; and I have not opted-out of the settlement.

I understand that my claim is subject to review by the claims administrator, and that my claim will not be processed unless approved by the claims administrator. I understand that if the claims administrator determines that my claim is fraudulent or contains fraudulent information, my claim will be rejected and not paid.

**I certify under penalty of perjury under the laws of the United States that all of the information provided on this claim form is true and correct to the best of my knowledge this \_\_\_\_ day of \_\_\_\_\_, 2021.**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name here: \_\_\_\_\_

If the class member is other than an individual, or if the class member is not the person completing this form, the following must also be provided:

Name of person signing: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Capacity of person signing:  
(Executor, President, Trustee, etc.) \_\_\_\_\_

\*Fields or Sections are Required to be Completed.

**ACCURATE CLAIMS PROCESSING TAKES TIME. THANK YOU FOR YOUR PATIENCE.**

**If you have questions about this Claim Form,  
please visit [www.GoldenSettlement.com](http://www.GoldenSettlement.com) or call 1-833-253-8063.**



3 1 1 6 1 0 0 0 0 0 0 0

Reminder Checklist:

1. Please sign the above claim form.
2. Enclose a copy of your documentation supporting out-of-pocket expenses, along with the claim form.
3. Keep a copy of your claim form and supporting documentation for your records.
4. If you move or your name changes, please send your new address, new name or contact information via the Settlement Website, mail, or by calling the claims administrator's toll-free telephone number, each listed in the Notice.