NON-BANK ATM SURCHARGE SETTLEMENT

CLAIM FORM

INSTRUCTIONS

Generally, you are included in the Settlement as part of the Nationwide Class if you are in the United States, were charged a surcharge (or access fee) to withdraw cash from your deposit account using an ATM or pin-debit card at an independent ATM located in the United States (including its territories) between October 24, 2007, and August 14, 2026, and were not fully reimbursed by your bank. You may also be included as part of the Statewide Classes for California, Illinois, Massachusetts, and Michigan.

- An Independent ATM (or "IATM") is an automated teller machine that is not owned by Visa, Mastercard, or any bank or other financial institution. A domestic cash withdrawal transaction is a transaction to withdraw cash from a customer's deposit account using an ATM or pin-debit card at an IATM terminal located within the United States, including its territories. It does not include any credit card transaction or any transaction involving a cash advance or prepaid card.

To ask for a payment from the Settlement, you must fill out and submit your Claim Form online at www.NonbankATMSurchargeSettlement.com or by mail postmarked no later than February 10, 2027. Claims submitted by mail should be sent to:

Non-Bank ATM Surcharge Fee Settlement
c/o A.B. Data, Ltd.
P.O. Box 173053
Milwaukee, WI 53217

Settlement payments will be sent to you digitally via email. Please provide a current, valid email address and mobile phone number on your Claim Form. If the email address or mobile phone number you provided becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Claims Administrator to get your payment.

When you receive the email and/or mobile phone text notifying you about your Settlement payment, you will be provided with a number of digital payment options, such as PayPal or a virtual debit card, to immediately receive your Settlement payment. At that time, you will also have the option to ask for a paper check.

The information you provide on this Claim Form will be used solely by the Court-approved Claims Administrator to administer the Settlement and will not be provided to any third party or sold for marketing purposes.

You do not need to provide any documentation at this time. However, the Claims Administrator may ask you for additional documentation or proof that supports your claim.

CLAIM FORM

NOTICE ID NUMBER (IF YOU RECEIVED AN EMAIL NOTICE)

NAME*

STREET ADDRESS* **APT**

CITY* **STATE*** **ZIP***

MOBILE PHONE NUMBER*

EMAIL ADDRESS* **VERIFY EMAIL ADDRESS***

To get a payment, you **must** provide a current, valid email address and mobile phone number on this Claim Form. If the email address or mobile phone number you provide becomes invalid for any reason, it is your responsibility to give the Claims Administrator your updated email address and mobile phone number. Otherwise, you may not get paid.

ADDITIONAL INFORMATION (REQUIRED)

WERE YOU CHARGED AN UNREIMBURSED SURCHARGE (OR ACCESS FEE) TO WITHDRAW CASH FROM AN INDEPENDENT ATM IN THE UNITED STATES (OR ITS TERRITORIES) BETWEEN OCTOBER 24, 2007, AND AUGUST 14, 2026? *

- ○ **YES**
- ○ **NO**

[IF YES] WERE ANY OF THESE SURCHARGED INDEPENDENT ATM TRANSACTIONS CONDUCTED WITH AN ATM OR PIN-DEBIT CARD BUT NOT WITH A CREDIT OR GIFT CARD? *

- ○ **YES**
- ○ **NO**

[IF YES] ESTIMATE THE NUMBER OF TIMES BETWEEN OCTOBER 24, 2007, AND AUGUST 14, 2026, THAT YOU PAID AN UNREIMBURSED SURCHARGE TO WITHDRAW CASH FROM AN INDEPENDENT ATM IN THE UNITED STATES USING AN ATM OR PIN-DEBIT CARD.* (4 DIGIT INTEGER)

"AS STATED BELOW, THIS CLAIM FORM IS SUBMITTED UNDER PENALTY OF PERJURY, AND THE CLAIMS ADMINISTRATOR HAS THE RIGHT TO ASK YOU TO PROVIDE BANK STATEMENTS OR OTHER DOCUMENTS TO SUPPORT YOUR CLAIM."

*Denotes required field

CERTIFICATION

By signing below, I certify, under penalty of perjury, that the information included on this claim form is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim on behalf of a claimant, I certify that I am authorized to submit this claim form on the individual's behalf. I am, or the individual on whose behalf I am submitting this claim is, a Class Member. I did not submit a request to exclude myself from, or "opt out of," the Settlement with Visa and Mastercard. I agree (and consent) to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to provide additional information about this claim if the Claims Administrator asks me to do so.

SIGNATURE* **DATE***

If you choose to submit your Claim Form by mail it must be **postmarked no later than February 10, 2027.** Claims should be sent to:

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c/o A.B. Data, Ltd.
P.O. Box 173053
Milwaukee, WI 53217