CLAIM FORM FOR NUANCE COMMUNICATIONS, INC. DATA BREACH SETTLEMENT

In re: MOVEit Customer Data Security Breach Litig.

NUANCE COMMUNICATIONS, INC.

USE THIS FORM ONLY IF YOU ARE A MEMBER OF THE SETTLEMENT CLASS TO MAKE A CLAIM FOR IDENTITY THEFT PROTECTION AND CREDIT MONITORING SERVICES AND/OR COMPENSATION FOR UNREIMBURSED LOSSES.

GENERAL INSTRUCTIONS

If you were notified by Nuance Communications, Inc. ("Nuance" or "Defendant") that your Personal Information was impacted by the MOVEit data security incident that resulted from an alleged vulnerability in the third-party file transfer software, MOVEit Transfer (the "Security Incident"), you are a member of the Settlement Class and eligible to complete this Claim Form to request two (2) years of medical data monitoring, credit monitoring, and identity theft monitoring and **either**: (1) compensation for documented unreimbursed out-of-pocket expenses of up to $2,500 ("Ordinary Losses"), including up to four (4) hours of lost time at $25 per hour, and monetary losses up to a total of $10,000 ("Extraordinarily Losses"); **or** (2) an alternative cash payment of $100 (subject to *pro rata* reduction or increase based on total claim submission) without the need to prove any loss.

Ordinary Losses include the following:

1. Out-of-pocket expenses incurred as a result of the Security Incident, including bank fees, 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), postage, or gasoline for local travel;
2. Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after **May 31, 2023, through December 24, 2025**; and
3. Lost Time spent dealing with the Security Incident compensated at a rate of $25 per hour for up to four (4) hours.

Extraordinary Losses include compensation for proven monetary losses, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services incurred as a result of the Security Incident.

Compensation for the above losses (except for lost time) will only be paid if:

- The loss is an actual, documented, and unreimbursed monetary loss;
- The loss was more likely than not caused by the Security Incident;
- The loss occurred between **May 31, 2023, through December 24, 2025**; and
- Documentation of the claimed losses is not "self-prepared." Self-prepared documents, such as handwritten receipts, are, by themselves, insufficient to receive reimbursement.

Alternative Cash Payment. In lieu of claiming compensation for Ordinary Losses or Extraordinary Losses, members of the Settlement Class may elect to receive a one-time payment of $100 (subject to *pro rata* reduction or increase based on total claim submission) as a result of the Security Incident.

Claims for the Alternative Cash Payment are subject to potential proration, depending on the number and amount of claims received.

Please read the Claim Form carefully and answer all questions. Failure to provide required information could result in a denial of your claim.

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Your claim must be submitted online or <u>postmarked by</u>: March 30, 2026

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This Claim Form may be submitted electronically via the Settlement Website at www.MOVEitNuanceResource.com or completed and mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. Mail to:

> MOVEit Nuance Resource Settlement
> P.O. Box 173041
> Milwaukee, WI 53217

BY EXECUTING THIS CLAIM FORM, YOU ARE GIVING UP YOUR RIGHT TO SUE, CONTINUE TO SUE, OR BE PART OF ANY OTHER LAWSUIT AGAINST NUANCE AND OTHER DEFENDANT RELEASED PARTIES CONCERNING THE CLAIMS RELEASED BY THIS SETTLEMENT.

"Defendant Released Parties" include Nuance, its current, former, and future officers, directors, agents, employees, successors, predecessors, affiliates, parents, subsidiaries, insurers, attorneys, and Nuance Clients that provided data to Nuance that contained the Personal Information of individuals that were included in the data files affected by the Security Incident.

The Released Claims include any and all liabilities, rights, claims, actions, causes of action, damages, penalties, costs, attorneys' fees, losses, or demands, whether known or unknown, liquidated or unliquidated, existing or potential, suspected or unsuspected, legal, statutory, or equitable, including but not limited to under U.S. federal law or the law of any of the 50 states, District of Columbia, or U.S. territory, based on contract, tort, or any other theory, that result from, arise out of, are based upon, or relate to the conduct, omissions, duties, or matters that were or reasonably could have been asserted against Defendant Released Parties related to the Security Incident, including claims relating in any way to Nuance's use of MOVEit software or any other Progress software or product. The "Releases" section in the Settlement Agreement describes the legal claims that you give up if you remain in the Settlement Class. The entire text of the Settlement Agreement can be viewed at www.MOVEitNuanceResource.com.

I.	SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name	**Middle Initial**	**Last Name**

Street Address

City	**State**	**Zip Code**

Questions? Go to www.MOVEitNuanceResource.com or call 877-888-4839.

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Email Address	**Telephone Number**

II.   PROOF OF SETTLEMENT CLASS MEMBERSHIP

Enter the Unique ID and PIN provided on your Notice:

Unique ID	**PIN**

III.   IDENTITY THEFT PROTECTION

☐   Check this box if you wish to receive two (2) years of medical data monitoring, credit monitoring, and identity theft protection services. You may receive this service even if you previously elected to receive credit monitoring through Nuance or another provider.

IV.   COMPENSATION FOR ORDINARY LOSSES

Members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** out-of-pocket expenses, not to exceed $2,500 including Lost Time, as a result of the Security Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
○ Out-of-pocket expenses incurred as a result of the Security Incident, including bank fees, long distance phone charges, cell phone charges (if charged by the minute), data charges (only if charged based on the amount of data used), postage, or gasoline for local travel.	☐☐ / ☐☐ / ☐☐ (mm/dd/yy) ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)	$ ☐☐☐☐☐ . ☐☐ $ ☐☐☐☐☐ . ☐☐
Examples of Supporting Documentation: *Phone bills, gas receipts, postage receipts; list of locations to which you traveled (e.g., police station, IRS office), why you traveled there (e.g., police report or letter from IRS), and number of miles traveled.*		
○ Fees for credit reports, credit monitoring, or other identity theft insurance product purchased on or after **May 31, 2023, through December 24, 2025**.	☐☐ / ☐☐ / ☐☐ (mm/dd/yy) ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)	$ ☐☐☐☐☐ . ☐☐ $ ☐☐☐☐☐ . ☐☐

Questions? Go to <u>www.MOVEitNuanceResource.com</u> or call 877-888-4839.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss

Examples of Supporting Documentation: *Receipts or account statements reflecting purchases made for Credit Monitoring or Identity Theft Insurance Services.*

Members of the Settlement Class who have spent time dealing with the Security Incident may claim up to four (4) hours for lost time at a rate of $25 per hour.

Hours claimed (up to 4):

□ **1 Hour ($25)**   □ **2 Hours ($50)**   □ **3 Hours ($75)**   □ **4 Hours ($100)**

Attestation (You must check the box below to obtain compensation for lost time.):

☐ I attest and affirm to the best of my knowledge and belief that any claimed lost time was spent related to the Security Incident between **May 31, 2023, through December 24, 2025**.

V.   COMPENSATION FOR EXTRAORDINARY LOSSES

Members of the Settlement Class who submit a valid claim using this Claim Form are eligible for reimbursement of the following **documented** extraordinary losses, not to exceed $10,000, as a result of the Security Incident:

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss
○ Other proven monetary losses relating to fraud or identity theft, professional fees including attorneys' fees, accountants' fees, and fees for credit repair services, incurred as a result of the Security Incident.	☐☐ / ☐☐ / ☐☐ (mm/dd/yy) ☐☐ / ☐☐ / ☐☐ (mm/dd/yy)	$ ☐☐☐☐☐ . ☐☐ $ ☐☐☐☐☐ . ☐☐

Examples of Supporting Documentation: *Invoices or statements reflecting payments made for professional fees/services.*

VI.   ALTERNATIVE CASH PAYMENT

As an alternative to claiming compensation for Ordinary Losses and Extraordinary Losses above, members of the Settlement Class who submit a valid and timely claim may elect to receive a one-time $100 payment (subject to *pro rata* reduction or increase based on total claim submission) without the need to document losses or attest to time spent as a result of the Security Incident. To claim this alternative cash payment, please check the box below.

Questions? Go to <u>www.MOVEitNuanceResource.com</u> or call 877-888-4839.

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NOTE: The alternative cash payment cannot be combined with claims for reimbursement of Ordinary Losses, Lost Time, and Extraordinary Losses, and by checking the box below, you will forfeit any other claim for compensation (except Credit Monitoring) included in this Claim Form.

☐　　Check this box if you wish to receive an alternative cash payment of up to $100.

VII.　PAYMENT SELECTION

Please select **one** of the following payment options, which will be used should you be eligible to receive a settlement payment:

☐　**Digital Payment** - Check this box if you would like to elect to receive your Settlement payment through electronic transfer. Payment options and a step-by-step guide to help you select the electronic payment option will be provided at the time of distribution. Please note that a valid email address and mobile number will need to be provided to receive a digital payment.

☐　**Physical Check -** Payment will be mailed to the address provided above.

VIII.　MEDICARE BENEFICIARY

Were you a Medicare beneficiary during the time period of May 31, 2023, to the present? (check one)

　　　☐ Yes　　　　　☐ No

If you are a Medicare beneficiary receiving more than $750 under this Settlement, the Settlement Administrator may need to contact you for additional information related to Medicare reporting requirements.

IX.　ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury 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.

Signature	Printed Name	Date