Your claim must be submitted online or postmarked by: September 3, 2026

Brittany Canup, et al. v. Gas Express, LLC d/b/a Circle K
Case No. 25EV012357
State Court of Fulton County, Georgia

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: September 3, 2026

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The court has defined the Class this way: "All living individuals residing in the United States who were sent a notice by Defendant that their Private Information was impacted in the Data Incident."

Excluded from the Settlement Class are: (a) all persons who are directors, officers, and agents of Defendant; (b) governmental entities; and (c) the Judge assigned to the Action, that Judge's immediate family, and Court staff.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

All Settlement Class Members may claim **Credit Monitoring** and **one** of two **Cash Payment** options. The benefits are explained in more detail below.

CREDIT MONITORING. All Settlement Class Members are eligible to claim two years of CyEx Financial Shield Complete. This comprehensive service comes with $1 million of financial fraud insurance, and includes monitoring for:

- fraud or identity theft
- unauthorized financial transactions
- personal information associated with high-risk transactions

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

CASH PAYMENTS. Settlement Class Members who have documented losses may claim **one** of the payments from **Cash Payment A – Documented Losses**. Alternatively, Settlement Class Members may claim a payment from **Cash Payment B – Alternate Cash**. You may claim only **one** total payment from these options.

Cash Payment A – Documented Losses. If you incurred actual, documented out-of-pocket losses due to the Data Incident, you can get back up to **$2,000.00**. The losses must have occurred between May 20, 2024, and September 3, 2026.

This benefit covers out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit

- cost to replace your IDs
- postage to contact banks by mail

You need to send proof, like receipts, to show how much you spent or lost. Your personal certifications, declarations, or affidavits do not constitute reasonable documentation to make a valid claim, but you may include that to provide clarification, context, or support for other submitted reasonable documentation showing that your expenses were because of the Data Incident.

You cannot claim a payment for expenses that have already been reimbursed by a third party.

There is a cap of $45,000.00 on *Cash Payment A*. This means that if the total value of *Cash Payment A* claimed reaches $45,000.00, no further claims for *Cash Payment A* will be accepted.

-OR-

Cash Payment B – Alternate Cash. Instead of *Cash Payment A*, you may claim a one-time **$50.00** cash payment. You do not have to provide any proof or explanation to claim this payment.

There is a cap on the number of *Cash Payment B* claims. If the percentage of Valid Claims for *Cash Payment B* reaches 10% of Settlement Class Members—which is 700 claims, no further Valid Claims for Cash Payment B Alternate Cash will be accepted.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@GasExpressDataSettlement.com
- Call toll free, 24/7: (833) 386-6575
- By mail: Circle K Data Incident Settlement
  c/o Settlement Administrator
  P.O. Box 25226
  Santa Ana, CA 92799

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE USING YOUR UNIQUE LOGIN ID AND PIN AT WWW.GASEXPRESSDATASETTLEMENT.COM.

You may also print out and complete this Claim Form and submit it by U.S. mail.

You must submit your Claim Form online or by mail no later than September 3, 2026.

Your claim must be submitted online or postmarked by: September 3, 2026

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name | Last Name

Street Address

City | State | Zip Code

Email Address | Phone Number | Unique ID (if known)

II. CREDIT MONITORING

☐ Check this box if you would like to enroll in two years of Credit Monitoring from CyEx Financial Shield Complete.

III. CASH PAYMENT A – DOCUMENTED LOSSES

☐ Check this box if you would like to claim reimbursement for documented losses due to identity theft or fraud. You can get back up to $2,000.00. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS FROM SECTION IV**.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

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IV. CASH PAYMENT B – ALTERNATE CASH PAYMENT

☐ Check this box if you want to claim a one-time $50.00 cash payment. **DO NOT CLAIM THIS BENEFIT IF YOU ARE CLAIMING PAYMENTS FROM SECTION III**.

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

☐ **PayPal**
Email address, if different than you provided in Section 1:_____

☐ **Venmo**
Mobile number, if different than you provided in Section 1:_____

☐ **Zelle**
Email address or mobile number, if different than you provided in Section 1:_____

☐ **Virtual Prepaid Card**
Email address, if different than you provided in Section 1:_____

☐ **Physical Check**
Payment will be mailed to the address provided in Section 1.

VI. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, including supporting documentation, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

_____	_____	_____
Signature	Printed Name	Date

Public court record.

This copy was downloaded from https://cw.simpluris.com/docs/public/downloads/GCC/CLAIM_FORM
on 2026-11-02 and is hosted, unaltered, for reference at
https://chimo.ai/class-action/circle-k

Court: State Court of Fulton County, Georgia
Case number: 25EV012357

Chimo hosts public court records for readers' reference; documents are
unaltered copies from the court docket or the court-approved settlement website.