

Wawa Consumer Data Settlement
P.O. Box 43502
Providence, RI 02940-3502



In re Wawa, Inc. Data Security Litigation
U.S. DISTRICT COURT, EASTERN
DISTRICT OF PENNSYLVANIA
Case No. 19-cv-6019-GEKP (E.D. Pa.)

**Must Be Postmarked
No Later Than
November 29, 2021**

Wawa Settlement Claim Form TIER ONE

\$5 Wawa Gift Card

Instructions: Please enter your contact information and supporting documentation as explained below. You can submit this Claim Form with supporting documentation by mailing to the Settlement Administrator at the address below.

This Tier One Claim Form relates to a Settlement concerning a data security incident involving debit and credit cards used to make purchases at Wawa convenience stores and fuel pumps (“Data Security Incident”) between March 4, 2019 and December 12, 2019 (“Period of the Security Incident”).

Please fill out this Tier One Claim Form and then mail to the Settlement Administrator at the address below if you: (a) used a credit or debit card to make a purchase at a Wawa convenience store or fuel pump at any time during the Period of the Security Incident; (b) did not experience fraud or attempted fraud on your payment card; and (c) spent at least some time monitoring your payment card or other accounts as a result of the Data Security Incident. You will receive a Wawa e-gift card via email if you fill out this Claim Form, the Settlement is approved, and you are found to be eligible for a benefit.

The Settlement Notice describes your legal rights and options. To obtain the Settlement Notice and find more information regarding the Settlement, please visit the official Settlement Website, www.WawaConsumerDataSettlement.com, or call toll-free 1-866-817-4934. **Claim Forms must be submitted online or postmarked by November 29, 2021. You can submit your claim electronically or mail a hard copy to the Settlement Administrator at:**

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Please submit only one Settlement Claim per Settlement Class Member, regardless of the number of credit or debit cards the Settlement Class Member used at Wawa or the number of transactions that occurred.

1. CLASS MEMBER INFORMATION

Required Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code

Telephone Number

Email Address*

**If you do not have access to email but someone else can receive your Gift Card by email and send it to you, please fill in your information and that person's email address above.*

Any information that you provide as part of this Settlement—including your name, email address, mailing address, or any other contact information—will not be used by Wawa or any third party for any marketing purpose, or for any other reason that is unrelated to the administration of this Settlement.

If you do not have access to email at all, please provide a telephone number where you may be contacted for further assistance:

2. TIER ONE PAYMENT ELIGIBILITY INFORMATION

(A) In order to claim a payment, you must provide reasonable proof of an eligible purchase at Wawa using your payment card as set forth below:

Required: Enclose reasonable proof of a transaction on your credit or debit card at a Wawa store or fuel pump during the Period of the Data Security Incident (between March 4, 2019 and December 12, 2019). For example, you can submit a receipt issued by Wawa, a printed bank or credit card statement, a screen shot from a bank or credit card company website or mobile app, or another document that verifies the date of the transaction and that it was at a Wawa store or fuel pump. **(You may block out or cover up unrelated transactions and your account number.)**

(B) In addition to submitting the required proof of a transaction at a Wawa location during the Period of the Security Incident, I attest, under penalty of perjury, as follows:

3. CERTIFICATION

I attest that I spent some time after March 4, 2019 monitoring at least one of my accounts as a result of the Wawa Data Security Incident.

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information supplied in this Claim Form is true and correct to the best of my knowledge.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Once you've completed all applicable sections, please submit this Claim Form with your supporting documentation by **November 29, 2021**, or print and mail this Claim Form and the required supporting documentation to the address provided below, postmarked by **November 29, 2021**.

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