

**Claim Form must be postmarked, emailed, faxed or submitted electronically  
(on-line portal) by 11:59 pm Pacific Time on June 23, 2026**

## **CLAIM FORM PACKAGE**

**In re LastPass Canadian Consumer Privacy Class Action**

***Keswani et al v GoTo Technologies USA, Inc. et al,*  
Supreme Court of British Columbia at Vancouver Registry,  
Action No. S-230956**

### **CLAIMS ADMINISTRATOR**

**Concilia Services Inc.**

Attn: LastPass

1-5900 Andover Avenue

Montreal, Quebec

H4T 1H5

<b>Phone:</b>	<b>1-888-851-0770</b>
<b>Email:</b>	<a href="mailto:LastPass@conciliainc.com">LastPass@conciliainc.com</a>
<b>Fax:</b>	<b>1-888-770-6049</b>
<b>Website:</b>	<a href="http://www.LastPassCanadianSettlement.ca">www.LastPassCanadianSettlement.ca</a>

## In re LastPass Canadian Consumer Privacy Class Action

### CANADIAN SETTLEMENT CLAIM FORM

**This Canadian Settlement Claim Form must be postmarked, emailed, faxed or submitted electronically (on-line portal) by 11:59 pm Pacific Time on June 23, 2026**

#### IDENTIFICATION OF CLAIMAINT

*The Claims Administrator will use this information for all communications regarding your Canadian Settlement Claim Form. Please input the information of the person you wish the Administrator to contact with regards to your Canadian Settlement Claim Form. If this information changes, you **MUST** notify the claims administrator by email to [LastPass@conciliainc.com](mailto:LastPass@conciliainc.com).*

First Name:	
Last Name:	
E-mail Address Associated with LastPass Account:	
Secondary Email Address (optional):	
Address:	
City:	
Province / Territory:	
Country:	
Postal Code:	
Phone Number:	

**Note that this Canadian proceeding is distinct and independent of the proceeding brought and pending in the United States District Court, District of Massachusetts, Action No. 22-12047. The Canadian Settlement is NOT available to persons or entities other than Canadian-resident users of LastPass.**

## IMPORTANT INFORMATION AND INSTRUCTIONS

1. Only the following group of persons are eligible to submit a Canadian Settlement Claim Form:

**All individuals and entities residing or domiciled in Canada whose Private Information was accessed by unauthorized parties in, during or as a result of the Data Breach;**

For the purposes of this definition, **Private Information** means the Defendants' customer data that was compromised in the Data Breach, and it includes the following information: (a) company names; (b) end-user names; (c) billing addresses; (d) email addresses; (e) telephone numbers; (f) the IP addresses from which customers were accessing the LastPass service; (g) the backup of customer vault data; and (h) did not validly opt out by the deadline of 11:59 p.m., Pacific Time, on December 3, 2025.;

(hereinafter, "**Settlement Class Members**").

2. For the purposes of this Canadian Settlement Claim Form, the term **Data Breach** means the data breach that affected the Defendants' computer systems and networks in 2022 and resulted in the compromise of customer data, which was reported on by the Defendants in or between August 2022 and March 2023.

3. Any Settlement Class Member may submit the Canadian Settlement Claim Form in order to apply for compensation in relation to two types of claims:

**1) Crypto Claims:** an Eligible Claimant may submit a Canadian Settlement Claim Form with respect to the loss of Crypto-assets that is reasonably believed to be linked to the Data Breach. In this context, the term **Crypto-assets** means private digital assets that depend on cryptography and distributed ledger technology or similar technologies. In order to be valid, the Eligible Crypto Claimant must complete and certify the information required below, and provide supporting documentation.

**2) Ordinary Claims:**

- a. an Eligible Claimant may submit a Canadian Settlement Claim Form for compensation with respect to time spent to address the Data Breach, and shall be eligible for up to 5 hours of wasted time at \$34.01 per hour, or a total of \$170.05, without the need to provide further documentation.
- b. Any Claimant may additionally submit a Claim Form for out of pocket expenses up to \$500. The Claimant must provide supporting documentation in relation to such expenses. In order to be valid, the Claims Administrator must be satisfied: (a) that the expense was incurred by no later than May 31, 2023; and (b) that it is more likely than not that the expenses were incurred as a result of or in relation to the Data Breach. The Claims Administrator's decision with respect to out of pocket expenses shall be final.

4. Any Settlement Class Member may complete and submit this Canadian Settlement Claim Form in respect of either or both of Crypto Claims and Ordinary Claims.
5. In order to be eligible for compensation, any Settlement Class Member must complete and submit the Canadian Settlement Claim Form, and provide supporting documentation if a claim is made with respect to Eligible Extraordinary Claims, by no later than 11:59 pm Pacific Time on June 23, 2026 (“Eligible Claimants”).
6. All payments will be issued in Canadian currency.

**A. Crypto Claims**

**NOTE: an Eligible Claimant who submits a Crypto Claim must complete the information required in this section, and provide supporting documentation.**

I certify that  I AM |  I AM NOT (check the appropriate box) a CRYPTO CLAIMANT.

- I stored access information for my Crypto-assets in my LastPass account:  YES |  NO
- The email account associated with my LastPass account: \_\_\_\_\_
- The type of the Crypto-assets affected: \_\_\_\_\_
- The value of the Crypto-assets affected: \_\_\_\_\_
- The date of unauthorized transfer of the Crypto-assets: \_\_\_\_\_
- I believe that the unauthorized transfer of my Crypto-assets is linked to the LastPass data breach reported in 2022:  YES |  NO
- I have enclosed supporting documentation:  YES |  NO

I, \_\_\_\_\_, certify that the information provided above is complete and true.

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

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

**B. Ordinary Claims**

**NOTE: an Eligible Claimant who submits an Ordinary Claim must complete the information required in this section. If an Ordinary Claim is made with respect to out of pocket expenses, the Eligible Claimant must provide supporting documentation.**

<p><b>WASTED TIME</b></p> <p>The number of hours spent to address the Data Breach.</p>	<p style="text-align: right;">___ hrs</p> <p>(up to 5 hours may be claimed)</p>
<p><b>OUT OF POCKET EXPENSES</b></p> <p>Documented, unreimbursed, out-of-pocket expense that the Eligible Claimant establishes was incurred by no later than May 31, 2023 as a result of or in relation to the Data Breach.</p>	<p style="text-align: center;">\$ _____</p> <p>(up to \$500 may be claimed)</p> <p>Details of the expenses incurred by no later than May 31, 2023 as a result of or in relation to the Data Breach:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>I have enclosed supporting documentation:</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>

**C. PREFERRED FORM OF COMPENSATION:**

- Interac e-Transfer (to the email address provided above); or
- Cheque (to the address provided above).

## **D. DECLARATION**

**YOU MUST READ AND SIGN THE DECLARATION. FAILURE TO SIGN THIS FORM MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

I acknowledge that I am a Canadian Data Breach Class Member bound by and subject to the terms of the Canadian Data Breach Settlement Agreement, Canadian Settlement Class Benefit Plan and any Court order that may form any part of the litigation and settlement. I hereby agree to provide additional information to the Canadian Claims Administrator to support this claim, if requested to do so. I have not submitted any other claim in relation to this matter and no other person having done so on my behalf.

On behalf of myself and each of my heirs, agents, executors, trustees, administrators, predecessors, successors, and assigns, I submit this Canadian Settlement Claim Form under the terms of the Canadian Settlement Agreement, Canadian Settlement Plan of Allocation and any Court order that may form any part of the litigation and settlement and enforcing the release and declaration set forth herein.

I hereby warrant and represent that I have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

I hereby warrant and represent that I have included the information requested, and I have included valid and true supporting documentation where applicable.

**RELEASE OF RELEASEES.** Pursuant to the **Canadian Data Breach Settlement Agreement, Canadian Data Breach Class Benefits Plan and Court Orders and documents**, upon the Effective Date, in consideration of payment of the Settlement Amount and for other valuable consideration set forth in the Canadian Data Breach Settlement Agreement, the Releasors forever and absolutely release, waive and discharge the Releasees from the Released Claims that any of them, whether directly, indirectly, or in any other capacity, ever had, now have, or hereafter can, shall or may have.

I \_\_\_\_\_, am a Settlement Class Member, as defined herein, and declare under penalty of perjury and disqualification to receive payment from the Settlement Distribution Fund, under the laws of the Province of British Columbia, that all of the foregoing information, documentation, calculations and identity supplied in my Canadian Claim Form Package by the undersigned is true, accurate, complete and correct.

Executed this \_\_\_\_ day of \_\_\_\_\_, 202\_\_, in the City of \_\_\_\_\_, Province of \_\_\_\_\_.

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

Capacity of person(s) signing: \_\_\_\_\_.

**USE OF REPRESENTATIVE.** If the person completing and submitting this Canadian Settlement Claim Form is a representative for the Eligible Claimant, he or she must certify that he or she is authorized to do so on behalf of the Eligible Claimant.

I \_\_\_\_\_, certify that I am authorized to complete and submit this Canadian Settlement Claim Form on behalf of \_\_\_\_\_ who is a Settlement Class Member.

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

**NOTES TO CLAIMS ADMINISTRATOR (optional):**