CUSTOMER COMPENSATION CLAIM FORM

If you believe that you have experienced a loss such that would be covered under the of Aave app, please complete the form below with as much information as possible. Your answers will be used to make a determination on whether the claim is valid. All answers hereunder are considered legally material to the evaluation.

Aave Interfaces Ltd and its insurers reserve all rights with respect to coverage and to request further information upon receipt of this customer compensation claim form.

SECTION 1: CUSTOMER INFORMATION

1. Please state your name below:

2. Applicable Aave app wallet address:

3. Please provide your email address and telephone number:

SECTION 2: ELIGIBILITY CRITERIA:

1. Please state your name below:

2. Applicable Aave app wallet address:

3. Please provide your email address and telephone number:

4. Did you have more than USD 100 (currency equivalent) in your Aave app account prior to the loss?
   ☐ Yes ☐ No
5. Did you utilize two-factor authentication or multi-factor authentication with either an authenticator application, security key, or push notification, via your Aave app account, which was enabled on your account before and at the time of the loss? ☐ Yes ☐ No
6. Did you complete all steps in the identity verification process prior to the submission of this customer compensation form? ☐ Yes ☐ No
7. Have you filed a police report with your local police department in connection with the loss? ☐ Yes ☐ No
   a. If yes, please provide the reference number and police department.
8. To date, have you received any reimbursement from this loss from Aave Interfaces Ltd or any of its affiliates? ☐ Yes ☐ No
9. To date, have you recovered any of the lost assets? ☐ Yes ☐ No

SECTION 3: DESCRIPTION OF LOSS

1. To the best of your knowledge, please provide a summary of the events leading up to the loss:

2. Please provide full details of your direct, financial loss:

SECTION 4: SUPPORTING INFORMATION

Please provide the following documentation to support your claim:

1. Police report
2. Screenshots
3. Account statements

You may provide any additional information to support your claim in the box below:

SECTION 5: DECLARATION

The undersigned declares that they have reviewed this customer compensation form for accuracy prior to signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated.

If the information provided in this customer compensation claim form should change between the date of its submission and the date on which any losses are indemnified, the undersigned warrants that they will immediately report such changes to us.

The undersigned acknowledges that any losses indemnified by Aave Interfaces Ltd and its insurers in response to this customer compensation form will be in reliance upon the statements and representations made in this form. All additional materials submitted in connection with this customer compensation claim form are deemed part of this form.

We will use this information solely for the purposes of determining coverage and may share your data with third parties to do this. For full details on our privacy policy, please visit www.relminsurance.com/privacy-policy.

Herewith, by undersigning this document, I confirm that I have sufficient skills and capacity to provide accurate and comprehensive answers regarding the questions within this customer compensation claim form.

SIGNATURE OF CUSTOMER:

Signature Date

Print Name Title

FRAUD NOTICES

Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Attention: Insureds in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.