

GENERAL INSTRUCTIONS

Complete this Claim Form if you are a Settlement Class Member and you wish to receive Settlement benefits.

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are an individual residing in the United States whose Personal Information may have been compromised in the Security Incident experienced by Plymouth Tube in or around January 2024, including all those who received notice of the breach.

Excluded from the Settlement Class are: (i) Plymouth Tube Company, its officers, directors, agents, affiliates, parents, subsidiaries, successors or assigns, or any entity in which Plymouth Tube has a controlling interest; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) any judges assigned to this case and their staff and immediate family; and (iv) any other Person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity occurrence of the Security Incident or who pleads *nolo contendere* to any such charge.

Settlement Class Members may submit a claim form for: (1) Documented Out-of-Pocket Loss Claims; (2) Lost Time calculated at the rate of \$22.00 per hour for up to four (4) hours (for a total of \$88.00); and/or (3) Three (3) years of one bureau credit monitoring.

Documented Out-of-Pocket Losses: Claims up to \$4,500.00 must be supported with documentation and includes any loss that is, (i) an actual, documented and unreimbursed monetary loss; (ii) that was more likely than not caused by the Security Incident; and (iii) was incurred after January 27, 2024, and before the end of the claim period. Documented Out-of-Pocket Losses may include losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after mailing of the notice of data breach, through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

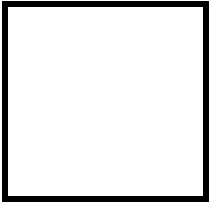
Credit Monitoring Services: All Settlement Class Members shall have the ability to make a claim for three (3) years of one bureau credit monitoring services and identity theft protection by choosing this benefit on this Claim Form.

Lost Time Claims: **Lost Time** claims must be supported by an attestation that the activities they performed were related to the Security Incident. Claims for Lost Time are subject to the \$4,500.00 cap for Documented Out-of-Pocket Losses.

This Claim Form may be submitted electronically *via* the Settlement Website at www.PlymouthTubeCoSettlement.com or completed and mailed, including any supporting documentation, to: *Aaron Weaver, et al. v. Plymouth Tube Company, c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606.*

Your claim must be submitted online or postmarked by: June 23, 2025

Aaron Weaver, et al. v. Plymouth Tube Company
In the Eighteenth Judicial Circuit Court of DuPage County, Illinois



CLAIM FORM

Check this box if you spent time monitoring accounts or otherwise dealing with issues related to the Security Incident. You can submit a claim for reimbursement of \$22.00 per hour up to four (4) hours (for a total of \$88.00, subject to the \$4,500.00 cap for Documented Out-of-Pocket Losses). By checking this box, you are attesting that the activities you performed were related to the Security Incident.

Indicate the number of hours spent: __ 1 Hour __ 2 Hours __ 3 Hours __ 4 Hours

III. CREDIT MONITORING SERVICES

Check this box if you wish to enroll in credit monitoring services for three (3) years, which includes credit monitoring through CyEx and \$1,000,000.00 in identity theft insurance.

IV. PAYMENT SELECTION

If your claim is approved and you qualify for a monetary payment, a physical check will be mailed to the address you provided in Section I if you requested reimbursement for Documented Out-of-Pocket Losses and/or Lost Time. To receive a digital payment instead, please submit your Claim Form online at www.PlymouthTubeCoSettlement.com.

V. ATTESTATION & SIGNATURE

I swear and affirm that the information provided in this Claim Form, and any supporting documentation provided 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