

## 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 Ty Inc. on or around April 2023, including all those who received notice of the breach.

Excluded from the Settlement Class are: (i) Ty Inc., its officers and directors; (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) Two (2) years of credit monitoring; (2) Documented Out-of-Pocket Losses – up to a total of \$5,000 per claimant; and (3) Lost Time - \$20 per hour for up to four (4) hours (for a total of \$80, subject to the \$5,000 cap on Out-of-Pocket Loss Claims).

**Credit Monitoring Services.** All Settlement Class Members shall have the ability to make a claim for two (2) years of credit monitoring services and identity theft protection by choosing this benefit on this Claim Form.

**Documented Out-of-Pocket Losses:** claims up to \$5,000 must be supported with documentation, including, without limitations, unreimbursed 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 April 26, 2023 through June 18, 2025; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

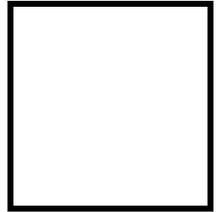
**Lost Time Claims** must be supported by an attestation that the activities they performed were related to the Security Incident. Claims for Lost Time are subject to the \$5,000 cap for Documented Out-of-Pocket Losses.

This Claim Form may be submitted electronically *via* the Settlement Website at [www.TySettlement.com](http://www.TySettlement.com) or completed and mailed, including any supporting documentation, to: *Plowman v. Ty Inc.*, c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606.



**Your claim must be submitted online or postmarked by: June 18, 2025**

*Carla Plowman v. Ty Inc., Case No. 2024CH000205*  
In the Circuit Court of the Eighteenth Judicial Circuit  
In DuPage County, Illinois



## CLAIM FORM

### III. LOST TIME SELECTION

- 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 \$20 per hour up to four (4) hours (for a total of \$80, subject to the \$5,000 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

### IV. CREDIT MONITORING SERVICES

- Check this box if you wish to enroll in credit monitoring services for two (2) years, which includes one-bureau credit monitoring through CyEx with \$1,000,000 in identity theft protection insurance.

### V. 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 or Lost Time. To receive a digital payment instead, please submit your Claim Form online at [www.TySettlement.com](http://www.TySettlement.com).

### VI. 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