GENERAL INSTRUCTIONS

You are a Settlement Class Member if you were mailed notice by Toshiba Global Commerce Solutions, Inc. ("TGCS") that your personal information was impacted in the Data Incident. You are a California Settlement Subclass Member if you are a Settlement Class Member who resides in California and were mailed notice of the Data Incident at a California address. You may submit a claim for settlement benefits, outlined below. However, you are not eligible for monetary recovery in this settlement if you submit a valid and approved claim in the settlement of *Gregerson v. Toshiba America Business Solutions, Inc.*, 8:24-cv-01201-FWS-ADS (C.D. Cal.). Please refer to the Long-Form Notice posted on the Settlement Website www.TGCSDataSettlement.com, for more information on submitting a Claim Form.

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

TGCS Data Settlement

c/o RG/2 Claims Administration LLC

P.O. Box 59479

Philadelphia, PA 19102-9479

You may submit a claim for the following benefits:

1) **Out-of-Pocket Expense Reimbursement:** Compensation from the Settlement Fund, up to a total of $7,500.00 per Settlement Class Member, upon submission of a Valid Claim and supporting documentation, for out-of-pocket expenses incurred as a result of the Data Incident;
2) **California Settlement Subclass Payment:** All California Settlement Subclass Members may make a claim for a $150.00 cash payment; and
3) ***Pro Rata* Cash Payment:** All Settlement Class Members may make a claim for a *pro rata* share of all cash remaining in the Settlement Remainder. The amount of the payment will be based upon the amount in the Settlement Remainder, if any, after the payment of Valid Claims for Out-of-Pocket Expense Reimbursement and California Settlement Subclass Payments.

Information Security Improvements: TGCS will also implement certain reasonable steps to adequately secure its systems and environment.

Questions? Go to www.TGCSDataSettlement.com **or call 1-866-742-4955**

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Claim payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

_____

First Name   **Last Name**

_____

Address 1

_____

Address 2

_____ ____ ____   ____

City   **State**   **Zip Code**

Email Address (optional):
_____@_____

Telephone Number: (_____ _____ _____) _____ _____ _____ - _____ _____ _____ _____

III. PROOF OF DATA INCIDENT SETTLEMENT CLASS MEMBERSHIP

☐   Check this box to certify that you are an individual who was mailed notice by TGCS that your personal information was impacted in the Data Incident.

Enter the Settlement Class Member ID number provided on your Short Notice:

Settlement Class Member ID : 0 0 0 0 0 ____ ____ ____ ____ ____ ____ ____ ____

IV. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

Settlement Class Members may submit a claim for up to a total of $7,500.00 of out-of-pocket expenses incurred as a direct result of the Data Incident, if:

(i)   the loss is an actual, documented, and unreimbursed monetary loss;
(ii)   the loss was more likely than not caused by the Data Incident;
(iii)   the loss occurred between December 4, 2023, and September 22, 2025; and
(iv)   the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

You must submit documentation to obtain this reimbursement.

☐   I have attached documentation showing that the claimed losses meet the above criteria for Out-of-Pocket Expense Reimbursement, including that the claimed losses were more likely than not caused by the Data Incident. I have submitted reasonable documentation supporting my claims. This can include receipts or other documentation that document the costs incurred but does not include documentation that is "self-prepared." "Self-prepared" documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

Cost Type (Fill all that apply)	Approximate Date of Out-of-Pocket Expense	Amount of Out-of-Pocket Expense	Description of Supporting Reasonable Documentation (Identify what you are attaching and why)
Example: Identity Theft Protection Service	0 8/17/2 4 (mm/dd/yy)	$50.00	Copy of identity theft protection service bill
	___/___ ___/___ ___ (mm/dd/yy)	$_____._____	
	___/___ ___/___ ___ (mm/dd/yy)	$_____._____	
	___/___ ___/___ ___ (mm/dd/yy)	$_____._____	

V. CALIFORNIA SETTLEMENT SUBCLASS PAYMENT

California Settlement Subclass Members may submit a claim for a $150.00 cash payment.

☐ Yes, I request a California Settlement Subclass Payment of $150.00 and understand I may also submit a claim for Out-of-Pocket Expense Reimbursement and a *Pro Rata* Cash Payment.

VI. *PRO RATA* CASH PAYMENT

All Settlement Class Members may make a claim for a *pro rata* share of all cash remaining in the Settlement Remainder. The amount of the payment will be based upon the amount in the Settlement Remainder, if any, after the payment of Valid Claims for Out-of-Pocket Expense Reimbursement and California Settlement Subclass Payments.

☐ Yes, I request a *Pro Rata* Cash Payment and understand I may also submit a claim for Out-of-Pocket Expense Reimbursement and a California Settlement Subclass Payment (if applicable).

VII. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

_____   ____ ____ / ____ ____ / ____ ____ ____ _
Signature   Date

_____
Print Name