

Your claim must be submitted online or postmarked by: November 19, 2025

John Lightner et al. v. Allied-Locke Industries, Inc.
In the Circuit Court of Lee County, Illinois

CLAIM FORM

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 was compromised in the Data Security Incident experienced by Allied-Locke in or around November 2021, including all those who received notice of the Data Security Incident.

Excluded from the Settlement Class are (i) Allied-Locke, 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 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 Data Security Incident or who pleads *nolo contendere* to any such charge.

Settlement Class Members may submit a claim form for: (1) Documented Ordinary Loss Claims; (2) Documented Extraordinary Loss Claims; (3) Lost Time - \$20 per hour for up to 4 hours (for a total of up to \$80) to be applied against the \$500 individual cap for Ordinary Loss or \$3,500 individual cap for Extraordinary Loss; and/or (4) Two (2) years of one (1) bureau credit monitoring services.

Documented Ordinary Losses: All Settlement Class Members who submit a valid and timely claim using the Claim Form attached below are eligible for reimbursement up to \$500 per Settlement Class Member for documented out-of-pocket ordinary loss expenses (inclusive of Lost Time, as defined below) if: (a) the documented out-of-pocket expenses were incurred as a result of the Data Security Incident; (b) the expense was incurred after the date of the Data Security Incident (November 8, 2021); and (c) the expense is not already covered by one of the other benefits described in this Notice. Examples of out-of-pocket expenses covered by the Settlement include (but are not limited to): bank fees, long distance phone charges, cell phone charges (only if charged by the minute), data charges (only if charged based on the amount of data used), postage, gasoline for local travel, fees for credit reports, credit monitoring, or other identity theft insurance products. To receive reimbursement for any of the above-referenced documented ordinary loss expenses, Settlement Class Members must submit to the Settlement Administrator a valid and timely Claim Form, including necessary supporting documentation.

Lost Time Reimbursement: Settlement Class Members are also eligible to receive reimbursement for up to four (4) hours of lost time spent dealing with the Data Security Incident (calculated at the rate of \$20 per hour (for a total of up to \$80) to be applied against the \$500.00 individual cap for Ordinary Loss or \$3,500.00 individual cap for Extraordinary Loss. Settlement Class Members may receive reimbursement for lost time if the Settlement Class Member provides a brief description of the activities engaged in, the time spent on each activity, and an attestation on the Claim Form that the activities they performed were related to the Data Security Incident.

Documented Extraordinary Loss Reimbursement: Settlement Class Members may also be eligible for reimbursement of documented extraordinary losses, up to \$3,500 per Settlement Class Member, for proven actual monetary losses. To qualify, the loss must meet the following criteria: (i) it must be an actual, documented, and unreimbursed monetary loss; (ii) it must be more likely than not caused by the Data Security Incident; (iii) it must have been incurred after November 8, 2021 (the date of the Data Security Incident); and (iv) it must not be covered by any other reimbursement categories described in this Notice. The maximum reimbursement for documented extraordinary losses for any one Settlement Class member is \$3,500.

QUESTIONS? VISIT WWW.ALLIEDLOCKESETTLEMENT.COM OR CALL TOLL-FREE 1-888-267-0289

Your claim must be submitted online or postmarked by: November 19, 2025

John Lightner et al. v. Allied-Locke Industries, Inc.
In the Circuit Court of Lee County, Illinois

CLAIM FORM

Credit Monitoring Services. All Settlement Class Members shall have the ability to make a claim for 2 years of 1 bureau credit monitoring services and identity theft protection by choosing this benefit on this Claim Form.

This Claim Form may be submitted electronically *via* the Settlement Website at www.AlliedLockeSettlement.com or completed and mailed, including any supporting documentation, to: *Lightner v. Allied-Locke Industries, Inc., c/o CPT Group, Inc., 50 Corporate Park, Irvine, CA 92606.*

I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

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

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

CPT ID, if known

II. DOCUMENTED ORDINARY LOSSES AND LOST TIME SELECTION

Check this box if you are requesting compensation for **Ordinary Losses** up to a total of \$500.

***You must submit supporting documentation demonstrating actual, unreimbursed monetary loss.**

Complete the chart below describing the supporting documentation you are submitting.

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Receipt for credit repair services</i>	<i>\$100</i>

QUESTIONS? VISIT WWW.ALLIEDLOCKESETTLEMENT.COM OR CALL TOLL-FREE 1-888-267-0289

Your claim must be submitted online or postmarked by: November 19, 2025

John Lightner et al. v. Allied-Locke Industries, Inc.
In the Circuit Court of Lee County, Illinois

CLAIM FORM

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