Your claim must be submitted online or postmarked by: May 25, 2026

Michael Toikach, et al. v. Christian Dior, Inc.
Case No. CACE 25-18776
Circuit Court for Broward County, Florida

DATA INCIDENT SETTLEMENT CLAIM FORM

Your claim must be submitted online or postmarked by: May 25, 2026

GENERAL INSTRUCTIONS

Who is eligible to file a claim? The Court has defined the Class this way: "All U.S. individuals who were sent notice by Defendant that their Personal Information may have been impacted in the Data Incident."

Excluded from the Settlement Class are: (a) all persons who are directors and officers of Defendant; (b) Defendant's legal representatives, (c) governmental entities; and (d) the Judge assigned to the Action, the Judge's immediate family, and Court staff.

COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS

AVAILABLE BENEFITS

All Settlement Class Members may claim **Credit Monitoring** and/or one or more of the following two **Cash Payment** options. The benefits are explained in more detail below.

CREDIT MONITORING. All Settlement Class Members are eligible to enroll in two years of CyEx Financial Shield Complete. This comprehensive service comes with $1 million of financial fraud insurance, and includes monitoring for:

- fraud or identity theft
- unauthorized financial transactions
- personal information associated with high-risk transactions

If anything suspicious happens, you will be able to talk to a fraud resolution agent to help fix any problems.

CASH PAYMENTS. Settlement Class Members who have qualifying documented losses as a result of fraud and/or identity theft may claim a **Cash Payment for Documented Losses**. Additionally, Settlement Class Members who have been identified as a "Tier 1 Settlement Class Member" may claim a one-time $100.00 **Cash Payment**.

Cash Payment for Documented Losses. If you incurred actual, documented out-of-pocket costs or financial losses directly resulting from fraud and/or identity theft and directly related to the Data Incident, you can get back up to **$1,500.00**. The losses must have occurred between July 18, 2025, and March 11, 2026.

This benefit covers eligible out-of-pocket expenses like:

- losses because of identity theft or fraud
- fees for credit reports, credit monitoring, or freezing and unfreezing your credit
- cost to replace your IDs
- postage to contact banks by mail

You need to send proof, like receipts, to show how much you spent or lost. Your personal certifications, declarations,

or affidavits do not constitute reasonable documentation to make a valid claim, but you may include that to provide clarification, context, or support for other submitted reasonable documentation showing that your expenses were because of the Data Incident.

You cannot claim a cash payment for expenses that have already been reimbursed by a third party.

Cash Payment for Tier 1 Settlement Class Members. Settlement Class Members whose Social Security numbers were impacted in the Data Incident may claim a one-time **$100.00** flat cash payment. You do not have to provide any proof or explanation to claim this payment. If you are a Tier 1 Settlement Class Member you were sent an Email or Postcard Notice that indicated you are eligible for this benefit.

If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@cddatasettlement.com
- Call toll free, 24/7: 1-888-836-1708
- By mail: Dior Data Incident Settlement
  c/o Settlement Administrator
  P.O. Box 25226
  Santa Ana, CA 92799-9958

THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE USING YOUR UNIQUE LOGIN ID AND PIN AT www.cddatasettlement.com

You may also print out and complete this Claim Form, and submit it by U.S. mail.

You must submit your Claim Form online or by mail.
Your Claim Form must be received no later than May 25, 2026.

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name | Last Name

Street Address

City | State | Zip Code

Email Address | Phone Number | Class Member ID (if known)

II. CREDIT MONITORING

☐ Check this box if you would like to enroll in two years of Credit Monitoring from CyEx Financial Shield Complete.

III. CASH PAYMENT FOR DOCUMENTED LOSSES

☐ Check this box if you would like to claim reimbursement for eligible documented losses due to identity theft or fraud. You can get back up to $1,500.00 for eligible out-of-pocket expenses.

Please complete the table below, describing the supporting documentation you are submitting.

Description of Documentation Provided	***Amount***
Example: Unauthorized bank transfer	*$500*
TOTAL CLAIMED:	

If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

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IV. CASH PAYMENT FOR TIER 1 SETTLEMENT CLASS MEMBERS

☐ If the notice you received states that you have been identified as a "Tier 1 Settlement Class Member," check this box to claim a one-time $100.00 cash payment. If you are not a "Tier 1 Settlement Class Member," you are not eligible for this cash payment and you will not receive the cash payment even if you check the box.

V. PAYMENT SELECTION

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

☐ **PayPal**
Email address, if different than the one you provided in Section 1:_____

☐ **Venmo**
Mobile number, if different than the one you provided in Section 1:_____

☐ **Zelle**
Email address or mobile number, if different than the one you provided in Section 1:_____

☐ **Virtual Prepaid Card**
Email address, if different than the one you provided in Section 1:_____

☐ **Physical Check**
Payment will be mailed to the address provided in Section 1.

VI. ATTESTATION & SIGNATURE

I swear and affirm on penalty of perjury that the information provided in this Claim Form, including supporting documentation, 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

Public court record.

This copy was downloaded from https://cw.simpluris.com/docs/public/downloads/CTC/CLAIM_FORM on 2026-11-02 and is hosted, unaltered, for reference at https://chimo.ai/class-action/christian-dior

Court: Circuit Court for Broward County, Florida
Case number: CACE 25-18776

Chimo hosts public court records for readers' reference; documents are unaltered copies from the court docket or the court-approved settlement website.