Exhibit D

In re Johnson Controls, Inc. Data Incident Litigation
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

FIRST-CLASS MAIL
U.S. POSTAGE PAID
CITY, ST
PERMIT NO. XXXX

ELECTRONIC SERVICE REQUESTED

NOTICE OF CLASS ACTION SETTLEMENT

Records indicate that your Private Information may have been compromised by a Data Incident from February 1, 2023 through September 30, 2023. You may be eligible for benefits from a class action settlement.

www.[website].com

Class Member ID: <<Refnum>>

Postal Service: Please do not mark or cover

<<FirstName>> <<LastName>>
<<Address>>
<<Address2>>
<<City>>, <<ST>> <<Zip>>-<<zip4>>
<<Country>>

Doc ID: 19b72fca3c983a7d0575b8685cb0fbbd48e57d22

A Settlement has been reached with Johnson Controls, Inc. (the "Defendant" or "Johnson Controls") in the class action lawsuit, *In re Johnson Controls Inc. Data Incident Litigation,* Lead Case No. 25-cv-00955-BHL, regarding a cybersecurity incident impacting the Defendant from approximately February 1, 2023 through September 30, 2023 (the "Data Incident"). The Data Incident may have resulted in unauthorized access to personally identifiable information ("Private Information"). The Defendant denies any and all wrongdoing.

Who is included in the Settlement? The Defendant's records indicate you are a Settlement Class Member. The Settlement Class consists of all living individuals residing in the United States who were sent notice that their Private Information may have been compromised as a result of the Data Incident.

What does the Settlement provide? If approved by the Court, the Defendant will pay $5,475,000 into a Settlement Fund to resolve the lawsuit. The Settlement Fund will provide benefits to Settlement Class Members who submit Valid Claims as well as Settlement Administration Costs and any Court-awarded Attorneys' Fees, Costs and Service Awards to Class Representatives. Monetary benefits include a cash payment of up to $5,000 per Settlement Class Member for documented losses related to the Data Incident (Cash Payment A) or an alternate cash payment estimated to be $50 (Cash Payment B). Settlement Class Members may also claim two (2) years of Credit Monitoring.

How do I get Settlement Benefits? You must submit a Claim Form by **Month XX, 2026** to receive Settlement Benefits. Claim Forms must be submitted online at **www.[website].com** by 11:59 p.m. XT, or mailed postmarked by **Month XX, 2026**. Please visit the Settlement Website for a full description of the Settlement Benefits and how to submit a Claim Form.

What are my other options? If you do nothing, you will not receive Settlement Benefits, you will remain a Settlement Class Member, and you will give up your rights to sue the Defendant for the claims resolved by this Settlement. If you do not want any benefits, but you want to keep your right to sue the Defendant for the claims resolved by this Settlement, you must exclude yourself from the Settlement Class (called "opting out"). If you do not opt out, you may object to the Settlement and ask the Court for permission to speak at the Final Approval Hearing. The Opt-Out and Objection Deadline is **Month XX, 2026**.

The Court's Final Fairness Hearing. The Court will hold a hearing on **Month XX, 2026** to decide whether to approve Settlement, Class Counsel's request for Attorneys' Fees of up to one-third of the Settlement Fund ($1,825,000) plus reasonable costs, and a $4,000 Service Award to each of the Class Representatives who brought this Action on behalf of the Settlement Class. You or your lawyer may attend the hearing at your own expense.

For more information or to update your address: Visit www.[website].com for complete details about the Settlement and instructions on how to act on your rights and options. You may also call (XXX) XXX-XXXX for more information.

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Doc ID: 19b72fca3c983a7d0575b8685cb0fbbd48e57d22

<<Barcode>>

Class Member ID: <<Refnum>>

POSTCARD CLAIM FORM

Claim Forms must be postmarked no later than **Month XX, 2026**.

If you wish to submit a Claim for **Cash Payment A - Documented Losses**, you MUST submit a Claim Form online or use the full Claim Form available on the Settlement Website.

Class Member ID: <<refnum>>
<<firstname>> <<mi>> <<lastname>>
<<address1>> <<address2>> <<City>>,
<<State>> <<Zip>>

If different from the preprinted data on the left, please print your correct address information.

Address

City State Zip Code

Settlement Benefits:

You may claim one or both of the following Settlement Benefits. Check the box(es) next to the benefit(s) you are claiming.

☐ **Credit Monitoring**: Yes, I want to receive two (2) years of one-bureau Credit Monitoring, including real-time alerts, and insurance coverage for up to $1,000,000 for identity theft.

☐ **Cash Payment B – Alternate Cash**: Yes, I want to receive a *pro rata* (proportional) cash payment estimated at $50*

*Payment amount to be determined after all costs, fees, and awards have been deducted and all Valid Claims submitted.

Select **one** of the following payment options to receive your cash payment (Mobile Number and/or Email Address is required on your selection below):

☐ **Pay Pal** ☐ **Venmo** ☐ **Zelle** ☐ **E-Mastercard** ☐ **Check**

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ _____ @_____

Mobile Number **Email Address**

By signing below, I swear and affirm under the laws of the United States and under penalty of perjury that the information supplied in this Claim Form are true and correct to the best of my knowledge or recollection:

Signature: _____ Date (MM/DD/YYYY): ___ ___ / ___ ___ / ___ ___ ___ ___

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