

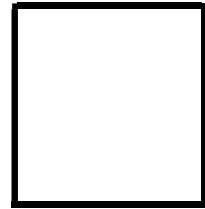
Exhibit E

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**Your Claim must
be submitted
online or
postmarked by:
Month XX, 2026**

CLAIM FORM

In re Johnson Controls, Inc. Data Incident Litigation
Lead Case No. 25-cv-00955-BHL
United States District Court for the Eastern District of
Wisconsin



GENERAL INSTRUCTIONS

If you live in the United States and you were sent a notice that your Private Information may have been compromised in the Data Incident affecting Johnson Controls, Inc. (the “Defendant” or “Johnson Controls”) from approximately February 1, 2023 through September 30, 2023, you may submit a Claim for Settlement Benefits as outlined below using this Claim Form.

To receive Settlement Benefits, you must submit a Claim Form by Month XX, 2026.

Claims may be submitted online at [www.\[website\].com](http://www.[website].com) or by mail at the address below. Please type or legibly print all requested information in blue or black ink. Mail your completed Claim Form, including any necessary supporting documentation, by U.S. Mail, postmarked by the deadline above, to:

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

Settlement Benefits

You may submit a claim to receive one of the following cash payments – either Cash Payment A – Documented Losses or a Cash Payment B – Alternate Cash – as well as Credit Monitoring.

Check the box below to select the appropriate payment option:

- ☐ **Cash Payment A – Documented Losses:** Up to \$5,000 per Settlement Class Member for documented out-of-pocket monetary losses related to the Data Incident. Documentation must be provided. See Section III of this Claim Form for more information.

OR

- ☐ **Cash Payment B – Alternate Cash:** A cash payment estimated to be \$50, subject to *pro rata* (proportional) adjustment based on the amount of Valid Claims. No documentation is required.

Check the box below if you would also like to receive Credit Monitoring:

- ☐ **Credit Monitoring:** Two years of one-bureau Credit Monitoring that will include real-time alerts, and insurance coverage for up to \$1,000,000 for identity theft. This Credit Monitoring benefit is available to any Settlement Class Member regardless of whether you previously received any credit monitoring product related to the Data Incident or otherwise.

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

Address 1

Address 2

City

State

Zip Code

Telephone Number: (____ ____ ____) ____ ____ ____ - ____ ____ ____

Email Address: _____

Class Member ID (if known): 00000 _____

II. PAYMENT SELECTION

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

☐ PayPal ☐ Venmo ☐ Zelle ☐ E-Mastercard ☐ Check

Note: If you do not provide your mobile phone number or email address above, you will receive your Cash Payment by check to the address above.

III. CASH PAYMENT A – DOCUMENTED LOSSES

All Settlement Class Members may submit a Claim for a Cash Payment for up to \$5,000 per person for Documented Losses related to the Data Incident. Documented Losses may include but are not limited to the following: (i) monetary losses as a result of actual identity theft if: (a) the loss is an actual, documented, and unreimbursed monetary loss; (b) the loss was fairly traceable to the Data Incident; and (c) the loss occurred between February 1, 2023 and the date the Claim was submitted; (ii) postage; (iii) copying, scanning, and faxing; (iv) mileage and other travel-related charges; (v) parking; (vi) notary charges; (vii) research charges; (viii) cell phone charges (only if charged by the minute); (ix) long distance phone charges; (x) data charges (only if charged based on the amount of data used); (xi) text message charges (only if charged by the message); (xii) bank fees; and (xiii) professional fees, such as fees for accountants and attorneys.

To receive a documented loss payment, you must select Cash Payment A on the Claim Form and attest under penalty of perjury to having incurred documented losses. You will be required to submit reasonable documentation supporting the losses.

You cannot be reimbursed for expenses if you have been reimbursed for the same expenses by another source in connection with the identity protection and credit monitoring services offered as part of the notification letter provided by Defendant or otherwise.

If you do not submit reasonable documentation supporting a loss, or if your Claim is rejected by the Settlement Administrator for any reason, and you fail to cure your Cash Payment A Claim, the Claim will be converted to Cash Payment B – Alternate Cash.

☐ I have attached documentation showing that the documented losses listed below were related to the Data Incident.

Cost Type (Fill all that apply)	Approximate Date of Loss	Amount of Loss	Description of Supporting Documentation (Identify what you are attaching and why)
Example: Credit Monitoring Service	02/21/24 (mm/dd/yy)	\$50.00	Copy of credit monitoring service bill
	— — / — — / — — (mm/dd/yy)	\$ _____. ____	
	— — / — — / — — (mm/dd/yy)	\$ _____. ____	
	— — / — — / — — (mm/dd/yy)	\$ _____. ____	

IV. ATTESTATION & SIGNATURE

I swear and affirm under the laws of the United States and under penalty of perjury that the information supplied in this Claim Form and any documents submitted with this Claim Form are true and correct to the best of my knowledge or recollection.

Signature

____ / ____ / ____
Date (mm/dd/yyyy)

Print Name

Reminder: If your address changes or you need to make a future correction/update to the address you provide on this Claim Form, please use the “Contact Us” form on the Settlement Website to provide your updated address information. Make sure to include your Class Member ID and your telephone number in case we need to contact you in order to complete your request.