Exhibit C

Sysco Cybersecurity Event 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

LEGAL COURT NOTICE OF SETTLEMENT

Trottier, et al. v. Sysco Corporation
Case No. 4:23-cv-01818

If you are an individual who resides in the United States to whom Sysco sent notice of the Cybersecurity Event in or around May 2023, you are eligible to receive a Settlement Benefit from a class action settlement.

For more information, visit www.website.com or call (XXX) XXX-XXXX

<<Refnum Barcode>>

CLASS MEMBER ID: <<Refnum>>

Postal Service: Please do not mark barcode

[FIRST NAME] [LAST NAME]
[COMPANY]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP][ZIP4]

A settlement has been reached in a class action lawsuit ("Litigation") about a cybersecurity event believed to have begun on January 14, 2023, during which a threat actor gained access to Sysco's systems without authorization and claimed to have acquired certain data, or the Cybersecurity Event. After Sysco provided notice of the Cybersecurity Event in or around May 2023, various lawsuits were filed alleging claims in connection with the Cybersecurity Event. Sysco denies the claims and denies any wrongdoing. Sysco has not been found liable of anything by any Court.

Sysco's records show you are a likely Settlement Class Member, which consists of all individuals who reside in the United States to whom Sysco sent notice of the Cybersecurity Event in or around May 2023. The Settlement will reimburse eligible Settlement Class Members who submit claims for: (a) Documented Out-of-Pocket Losses of up to $5000; and/or (b) a Residual Cash Payment currently estimated to be between $100 and $200. In addition to the payments, all Settlement Class Members may also submit a claim for two years of three-bureau Credit Monitoring Services.

If you are a Settlement Class Member and you want to receive any benefits from the settlement, you must complete and submit a Claim Form along with any required supporting information. For the Residual Cash Payment and Credit Monitoring Services, you may use the tear-off Claim Form attached to this notice. Claim Forms can be found and completed on this website: www.website.com. The Claims Deadline to submit a Claim Form is [DATE].

Settlement Class Members may also request to opt-out from the settlement or object to it. Opt-out requests are due by **[DATE].** Settlement Class Members who do not request to opt-out can object to the settlement. Objections are due by **[DATE].** The Court will hold a Final Fairness Hearing on **<<Date>> at <<Time>> CT,** at the <<Court Address>>, to consider whether to approve the settlement. The Court will hear objections, determine if the settlement is fair, and consider Proposed Class Counsel's request for attorneys' fees, costs, and expenses not to exceed one third of the Settlement Fund, reasonable litigation costs and expenses, and service awards not to exceed $2,500 per Representative Plaintiff. You or your own lawyer may ask to appear at the hearing to be heard by the Court, but you do not have to.

The Court has appointed the following Proposed Class Counsel to represent the Settlement Class in this Litigation: Gary M. Klinger of Milberg Coleman Bryson Phillips Grossman, PLLC and Patrick A. Barthle of Morgan & Morgan Complex Litigation Group.

This is only a summary. For detailed information or to change your address, visit **www.website.com** or call **(XXX) XXX-XXXX.** You may also contact the Claims Administrator, Kroll Settlement Administration LLC, at Sysco Cybersecurity Event Litigation, P.O. Box XXXX, New York, NY 10150-XXXX.

Visit www.website.com or call (XXX) XXX-XXXX

BRM
Postage

Sysco Cybersecurity Event Litigation
c/o Kroll Settlement Administration LLC
P.O. Box XXXX
New York, NY 10150-XXXX

<<Barcode>>

Class Member ID: <<Refnum>>

VISIT THE SETTLEMENT WEBSITE BY SCANNING THE PROVIDED QR CODE

POSTCARD CLAIM FORM

To submit a claim, please complete the below form, sign, and mail this portion of the postcard to the Claims Administrator by no later than **[DATE]**. Please complete the claim form for each category of benefits that you would like to claim. You may use this form to claim a Residual Cash Payment and / or Credit Monitoring Services. *Note*: Claims for reimbursement of Documented Out-of-Pocket Losses require supporting documentation and therefore must be submitted online at www.website.com or mailed to the Claims Administrator with a separate Claim Form.

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

If different than the preprinted data on the left, please print your correct information:

First Name MI Last Name

Address

City State ZipCode

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

Email Address: _____@_____

Residual Cash Payment

☐ Yes, I want to a receive a Residual Cash Payment currently estimated to be between $100 to $200, but up to $599.

Credit Monitoring Services

☐ Yes, I want to sign up to receive two (2) years of three-bureau identity theft protection and Credit Monitoring Services. (must provide email address above.)

SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection. I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature: _____ Print Name: _____ Date (mm/dd/yy): ____/____/____

DEADLINE TO RETURN [DATE]