

CADIGAN, et al. v. THE CONTAINER STORE, INC.

CLAIM FORM

Suffolk Superior Court, Civil Action No. 2084CV02119

IMPORTANT: To receive a monetary payment, you must submit a valid Claim Form and supporting proof by December 20, 2026. The Settlement Agreement provides \$75 for each qualifying purchase, subject to pro rata reduction if valid claims exceed the available Damages Fund.

This form is for legally blind individuals in Massachusetts who made a purchase at a The Container Store location in Massachusetts from July 20, 2011 through August 12, 2026, sought to credit the purchase to a new or existing Loyalty Program account, and encountered a touch-screen kiosk or device that lacked non-visual methods for inputting information.

1. CLAIMANT INFORMATION

Full Name: _____

Mailing Address: _____

City / State / ZIP: _____

Telephone: _____

Email Address: _____

2. ELIGIBILITY

Please check each box to confirm that the statement is true:

☐ At the time of the qualifying purchase(s), I had a vision-related disability requiring assistive technology to access visual information.

☐ I made one or more purchases at a The Container Store location in Massachusetts between July 20, 2011, and August 12, 2026.

☐ I sought to credit the purchase(s) to a new or existing The Container Store Loyalty Program account.

☐ I encountered a touch-screen kiosk or device that lacked non-visual methods for inputting information.

Proof of legal blindness: Attach documentation sufficient to establish that you are legally blind. The Claims Administrator may request additional information if needed to evaluate the claim.

3. QUALIFYING PURCHASE(S)

List each purchase for which you seek a payment. Attach an additional sheet if necessary. The Claims Administrator may request supporting information concerning a claimed purchase.

Approx. Date	Massachusetts Store / City	Purchase or Transaction Details

4. CERTIFICATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that the information provided in this Claim Form and any attachments is true and correct to the best of my knowledge. I understand that the Claims Administrator may investigate potentially fraudulent claims and may request additional information. I also acknowledge the disclosure-related waiver required by the Settlement Agreement in connection with information supplied on the Notice and Claim Form.

Signature: _____ **Date:** _____

Printed Name: _____

SUBMISSION: Submit online through the Settlement Website www.TCSsettlement.com or by mail at the Settlement Administrator at Cadigan v. The Container Store, Inc. c/o CPT Group, Inc., PO Box 19504, Irvine, CA 92623. Toll-Free: 1-888-716-1143. Email: TCSsettlement@cptgroup.com. Claim forms may also be requested by mail or email before the submission deadline.

Questions: CPT Group, Inc., PO Box 19504, Irvine, CA 92623, or Class Counsel as identified in the Court-approved Notice. Do not contact the Court for legal advice.