

Your claim form
must be submitted
online or
postmarked by:
July 14, 2026

**Superior Court of the State of California
for the County of San Diego**

Emily Chebul v. Tuft & Needle, LLC,
Case No. 25CU059198N

TNP

Claim Form

TUFT & NEEDLE SETTLEMENT

CLAIM FORM FOR CASH BENEFIT

INSTRUCTIONS

This class action alleges that Defendant violated California law by deceptively advertising various discounts of its products on its website, tuftandneedle.com. Defendant denies these allegations.

You are a Settlement Class Member if you:

- While in the state of California, purchased one or more mattresses advertised at a discount on Defendant's website (tuftandneedle.com), from January 1, 2020 to December 31, 2024.

If you wish to receive your Settlement Award in the form of cash ("Cash Benefit") rather than credit you must submit a valid Claim no later than July 14, 2026.

If you placed more than one qualifying mattress order during the Class Period, you need to only submit one Claim Form to receive your full Cash Benefit. If you wish to receive your Settlement Award in the form of credit ("Website Credit"), then you do not have to do anything – you will automatically receive the credit so long as you are a Settlement Class Member and do not exclude yourself from the Settlement. Settlement Awards will be equal to 45% of the discount Defendant represented that a Class Member would receive on each mattress they purchased on tuftandneedle.com during the Class Period, regardless of whether they are received as a Cash Benefit or Website Credit.

Cash Benefits will be mailed to you by check or provided by digital payment. Please ensure you provide a current, valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate updated contact information to the Settlement Administrator to receive a payment.

The information provided on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

SUBMITTING YOUR CLAIM FORM

Claim Forms may be submitted online at www.tnpricesettlement.com by **July 14, 2026**, or completed and mailed, **postmarked no later than July 14, 2026** to:

Tuft & Needle Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103

If you have any questions, please contact the Settlement Administrator by email at info@tnpricesettlement.com or by mail at the address listed above.

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID (if you received a Notice)

Please ensure you provide a current, valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone you include with your submission becomes invalid for any reason, it is your responsibility to provide the Settlement Administrator with a current, valid mailing address, email address, and mobile phone for payment. The current address you provide here does not need to be the same address you used for your purchase(s) from Defendant's website.

II. PAYMENT SELECTION

Please select **one** of the following payment options:

- Prepaid Mastercard** - Enter an email address to receive the Prepaid Mastercard: _____
- PayPal** - Enter your PayPal email address: _____
- Venmo** - Enter the mobile number associated with your account: ____ - ____ - ____
- Zelle** - Enter the email address or mobile number associated with your account: _____
- Physical Check** - Payment will be mailed to the address provided above.

III. CERTIFICATION

By signing this Claim submission, I certify, under penalty of perjury under the laws of the United States, that the information included with this Claim submission is true, accurate, and complete to the best of my knowledge, information, and belief. If I am submitting this Claim submission on behalf of a Claimant, I certify that I am authorized to submit this Claim submission on the individual's behalf. I am, or the individual on whose behalf I am submitting this Claim submission is, a member of the Settlement Class, and have not submitted a request to exclude myself, or "opt out of," the Settlement. I agree to furnish additional information regarding this Claim if so requested to do so by the Settlement Administrator. **By signing below, I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply).**

Signature: _____ Printed Name: _____ Date: ____ / ____ / ____