

Your claim must  
be submitted  
online or  
postmarked by:  
MAY 26, 2026

**Castillo et al. v. Myers Auto Group, LLC**  
Case No. 50-2025-CA-009512-XXXA-MB  
Judicial Circuit Court of Palm Beach County, Florida

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**DATA BREACH SETTLEMENT CLAIM FORM**

**GENERAL INSTRUCTIONS**

**Who is eligible to file a claim?** The court has defined the Class this way: “All persons whose Private Information was compromised in the Data Breach suffered by Defendant.”

**Excluded from the Settlement Class** are: (1) the Judge in this case, and the Judge’s family and staff; and (2) anyone who validly excludes themselves from the Settlement.

**COMPLETE THIS CLAIM FORM IF YOU ARE A CLASS MEMBER AND WISH TO RECEIVE ONE OR MORE OF THE FOLLOWING SETTLEMENT BENEFITS**

**AVAILABLE BENEFITS**

Myers Auto has agreed to provide the benefits described below. Other costs, such as attorneys’ fees and costs, will be paid separately by Myers Auto.

**BENEFITS**

**CyEx Financial Shield Complete.** All Class Members are eligible to enroll in one year of CyEx Financial Shield Complete. Visit <http://app.financialshield.com/enrollment/activate/myers> to enroll after the Court grants Final Approval to the Settlement and after the Court’s order approving the Settlement and entering final judgment has become final (“the effective date”). You do not need to file a claim to receive the Financial Shield Complete, but you do need to enroll after the Settlement is approved and the effective date has passed.

This comprehensive service comes with \$1 million in identity theft insurance and includes:

- Real-time monitoring of your credit file
- dark web scanning
- comprehensive public records monitoring

If anything, suspicious happens, you will be able to talk to a fraud-resolution agent to help fix any problems.

**All Settlement Class Members were provided an enrollment code on their notice. If you no longer have the enrollment code, please contact the Settlement Administrator.**

**Cash Compensation.** Myers Auto has agreed to create a \$15,000.00 Settlement Fund. All Settlement Class Members are eligible to claim a share of this money. The payment amount will be calculated by dividing the Settlement Fund by the number of valid and timely claims.

Once the payment amount is determined, it will be provided on the Settlement Website.

You do not have to provide any proof or explanation to claim this payment.

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If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: [info@MyersDataIncident.com](mailto:info@MyersDataIncident.com)
- Call toll free, 24/7: 1-833-647-9092
- By mail:

Myers Auto Data Breach Settlement  
c/o Settlement Administrator  
P.O. Box 25226  
Santa Ana, CA 92799-9958

**THE MOST EFFICIENT WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT  
[WWW.MYERSDATAINCIDENT.COM](http://WWW.MYERSDATAINCIDENT.COM)**

You may also print out and complete this Claim Form and submit it by U.S. mail.

An electronic image of the completed Claim Form can also be emailed to [info@MyersDataIncident.com](mailto:info@MyersDataIncident.com)

**You must submit your Claim Form online, by mail, or by email no later than May 26, 2026.**



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**II. CASH COMPENSATION**

Check this box if you want to claim a one-time Pro Rata cash payment.

**III. PAYMENT SELECTION**

**BY MAIL:** If you submit this Claim Form by mail and your claim is approved, you will receive a paper mailed check to the address you provide on this form.

**DIGITAL:** If you submit a Claim Form electronically on the Settlement Website, MyersDataIncident.com, and do not submit a Claim Form by mail, you will have the option to select a digital payment via PayPal, Venmo, or Zelle. A digital payment option is only available on the website.

**IV. ATTESTATION & SIGNATURE**

I swear and affirm on penalty of perjury that the information provided in this Claim Form is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date