

Your claim must
be submitted
online or
postmarked by:
**February 13,
2026**

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

Jacobs, et al. v. La-Z-Boy Inc. and Stitch Industries Inc.
Case No. 25CU038051N

WHI-Claim

Claim Form

**JOYBIRD SETTLEMENT
CLAIM FORM FOR CASH BENEFIT**

INSTRUCTIONS

This class action alleges that Defendant violated California, Oregon, and Washington state laws by deceptively advertising various discounts of its products on its website, Joybird.com, and in physical Joybird stores. Defendant denies these allegations.

You are a Settlement Class Member if you, while in the states of California, Oregon, or Washington, purchased one or more products on Joybird.com, or at a Joybird physical store location, at a sale price, from December 18, 2019 to October 31, 2025.

If you wish to receive your \$115.00 Settlement Benefit in the form of cash (“Cash Benefit”) rather than credit you must submit a valid Claim no later than February 13, 2026. To be valid, the Claim Form must include the email address or mailing address associated with one of your purchases on Joybird.com, or in a physical Joybird store. You do not need to provide proof of purchase.

If you wish to receive your Settlement Benefit in the form of credit (“Credit Voucher”), 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.

Cash Benefits will be mailed to you by check or 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.JoybirdSettlement.com** by **February 13, 2026**, or completed and mailed **postmarked no later than February 13, 2026** to:

Joybird Settlement Administrator
P.O. Box 2009
Chanhassen, MN 55317-2009

If you have any questions, please contact the Settlement Administrator by email at JoybirdSettlement@noticeadministrator.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 on this Claim Form becomes invalid for any reason, it is your responsibility to provide the Settlement Administrator with a valid mailing address, email address, and mobile phone for payment.

To be valid, a Claim Form must include an email address or mailing address associated with one of your purchases on Joybird.com, or in a physical Joybird store. If you no longer use the email address associated with any of your Joybird purchases, and no longer reside at the mailing address associated with your Joybird purchases, please provide an email address you used in connection with a Joybird purchase below.

Email Address

This is for the purpose of verifying your Joybird purchase, and it is fine if this email is no longer accessible. If you have any questions, please contact the Settlement Administrator at JoybirdSettlement@noticeadministrator.com.

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 mobile number or email address associated with your account:

Mobile Number: _____ - _____ - _____ **or** Email Address: _____

☐ **Physical Check** – Payment will be mailed to the address provided above.

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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