KOPPERS INC. - CICERO FACILITY CLASS ACTION LAWSUIT CLAIM FORM

GENERAL INSTRUCTIONS

1. **IN ORDER TO CLAIM COMPENSATION FROM THE SETTLEMENT, THIS CLAIM FORM MUST BE POSTMARKED BY DECEMBER 7, 2026, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL REQUIREMENTS OF THE SETTLEMENT AGREEMENT.**

2. If you wish to complete and return this Claim Form, you must timely mail it along with the requested documentation to: Liddle Sheets P.C., Attn: Koppers Claim Forms, 975 E. Jefferson Ave., Detroit, MI 48207. If you fail to return a properly addressed, signed, and fully completed Claim Form with all the requested documentation on or before the deadline, your claim will be rejected and you will not receive any distribution from the Settlement Fund.

3. It is important that you completely read the Notice of Pendency of Class Action Settlement (the "Notice") that accompanies this Claim Form. The Notice explains many of the terms used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Notice, including the terms of the releases described therein and provided for herein.

4. This Claim Form is directed to all Settlement Class Members as defined in the attached Notice.

5. **IF YOU ARE NOT A SETTLEMENT CLASS MEMBER OR IF YOU OR SOMEONE ACTING ON YOUR BEHALF OPTED OUT OF THE SETTLEMENT CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU OPT OUT, ANY CLAIM FORM THAT YOU SUBMIT OR THAT IS SUBMITTED ON YOUR BEHALF WILL NOT BE ACCEPTED.**

6. Submission of this Claim Form does not guarantee that you will share in the Settlement Fund. The distribution of the Settlement Fund is governed by the claim procedures set forth in the Settlement Agreement, if approved by the Court or such other plan of allocation as the Court approves.

7. You are required to submit genuine and sufficient documentation in response to the requests contained in this Claim Form. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS TO SUPPLY THESE REQUESTS. THE LACK OF DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS**. Please keep a copy of all documents that you send to Class Counsel. No documents you submit with your Claim Form will be returned to you.

8. If the Court approves the settlement, and you or anyone in your household timely and properly completes and submits this Claim Form with the requested documentation and it is approved by Class Counsel, a check will be sent to your household for your payment from the Settlement Fund. You will then have one hundred and eighty (180) days from the date on the check to cash it. Any uncashed checks after that time will become null and void. If you or someone in your household fails to cash a check within that time, you and everyone else in your household will forever forfeit any claim to receive any payment from the Settlement Fund.

9. Please type or print legibly in black ink.

Koppers Claim Form Continued

Claimant's Identity

Your Full Name (please print)	Your Spouse's Full Name (please print)
Mailing Address	Email Address
City, State Zip	(_____)_____ Daytime telephone number

Eligibility

Please provide the address of the property that you owned or occupied within one mile of the Koppers Facility at 3900 S. Laramie Ave, Cicero, Illinois 60804, at any time from August 6, 2019, through September 22, 2026. An approximate depiction of this area can be found on the Notice. This map is for illustrative purposes only and does not create, eliminate, or alter any rights of potential Settlement Class Members.

_____
Claimed Address

_____
City, State Zip

Please provide the dates that you owned or resided at the Claimed Address:

_____

Proof of Identification

You must attach to your Claim Form a copy of a government-issued photo identification to establish your identity and current address. Please mark the box that identifies the requested enclosed item:

□ Driver's License

□ State Identification Card

□ Other government-issued photo identification sufficient to prove your identity

Claimed Address Ownership and/or Occupancy Status

If you own(ed) or occupy(ied) residential property within the Class Area, mark the box that describes your interest in that property and attach the requested documents to your Claim Form.

□ Owner - If marked, you *must* attach a copy of documentation of ownership such as a current utility bill

□ Occupant - If marked, you *must* attach a copy of either a valid rental agreement or a current utility bill.

Claimant's Certification

By submitting this Claim Form and checking the boxes below, I declare under penalty of perjury that I am a member of the Settlement Class and that the following statements are true:

1) I have completely read the Notice of Proposed Class Action Settlement that accompanied this Claim Form.

2) At this time, I have not been diagnosed with any sickness, disease, or physical injury which has been caused by the action or inaction of Defendant Koppers; and that I have not received benefits under Medicare or any other federal or state governmental program for any such sickness, disease, or physical injury.

3) All information provided in this Claim Form and its attachments is true and correct.

Date: _____ Your signature: _____

Your fully completed Claim Form must be postmarked no later than **December 7, 2026** to Class Counsel at the following address:

Liddle Sheets P.C.
Attn: Koppers Claim Forms
975 E. Jefferson Ave.
Detroit, MI 48207-3101