

**Your claim must  
be submitted online  
or April 27, 2026:**

**CLAIM FORM**

*Gillis et al. v. Phil Smith Management, Inc d/b/a Phil Smith  
Automotive Group,*  
Case No. 6:25-CV-61610-MD  
United States District Court, Southern District of Florida,  
Fort Lauderdale Division

**GENERAL INSTRUCTIONS**

You are a Settlement Class Member if you were mailed notice by Phil Smith Management, Inc. d/b/a Phil Smith Automotive Group (“Defendant”) that your personal information was impacted in the Data Incident. You are a Settlement Class Member if you were notified by Defendant that your Personal Information was potentially compromised in the Security Incident. You may submit a claim for settlement benefits, outlined below. You are eligible for monetary recovery in this settlement if you submit a valid and approved claim in the settlement of *Gillis v. Phil Smith Management, Inc.*, Case No. 6:25-CV-61610-MD. Please refer to the Long-Form Notice posted on the Settlement Website [www.PhilSmithDataSettlement.com](http://www.PhilSmithDataSettlement.com), for more information on submitting a Claim Form.

This Claim Form may also be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

Phil Smith Management Settlement  
c/o RG/2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

**You may submit a claim for the following benefits:**

- 1) **Out-of-Pocket Expense Reimbursement:** Compensation from the Settlement Fund, up to a total of \$5,000.00 per Settlement Class Member, upon submission of a Valid Claim and supporting documentation, for out-of-pocket expenses incurred as a result of the Security Incident:
- 2) **Alternative Cash Payment:** All Settlement Class Members may make a claim for an alternative case payment without the need to document losses incurred as a result of the Security Incident. The amount of the payment will be calculated by first deducting the costs of performing the Credit Monitoring. The remaining amount will determine the actual dollar amount of the Alternative Cash Payment available for each Settlement Class Member. *(You cannot file a claim for Out-of-Pocket Expenses if you claim the Alternative Cash Payment.)*
- 3) **Credit Monitoring:** All Settlement Class Members may elect to receive three years of Cyberscout Credit Monitoring.

**Information Security Improvements:** Defendant will also implement certain reasonable steps to adequately secure its systems and environment.

Questions? Go to [www.PhilSmithDataSettlement.com](http://www.PhilSmithDataSettlement.com) or call 1-866-742-4955

**I. PAYMENT SELECTION**

If you would like to elect to receive your Settlement Claim payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

**II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION**

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Address 1**

\_\_\_\_\_  
**Address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Email Address (Required if requesting Credit Monitoring):**

\_\_\_\_\_  
@

**Telephone Number:** ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_

**III. PROOF OF SECURITY INCIDENT SETTLEMENT CLASS MEMBERSHIP**

Check this box to certify that you are an individual who was mailed notice by Defendant that your personal information was impacted in the Data Incident.

Enter the Settlement Class Member ID number provided on your Short Notice:

**Settlement Class Member ID :** 0 0 0 0 0 \_\_\_\_\_

#### IV. REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

Settlement Class Members may submit a claim for up to a total of \$5,000.00 of out-of-pocket expenses incurred as a direct result of the Data Incident, if:

- (i) the loss is an actual, documented, and unreimbursed monetary loss;
- (ii) the loss was more likely than not caused by the Security Incident;
- (iii) the loss occurred between February 8, 2025, and December 10, 2025; and
- (iv) the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

**You must submit documentation to obtain this reimbursement.**

- I have attached documentation showing that the claimed losses meet the above criteria for Out-of-Pocket Expense Reimbursement, including that the claimed losses were more likely than not caused by the Data Incident. I have submitted reasonable documentation supporting my claims. This can include receipts or other documentation that document the costs incurred but does not include documentation that is “self-prepared.” “Self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

| Cost Type<br>(Fill all that apply)               | Approximate Date<br>of Out-of-Pocket<br>Expense | Amount of Out-of-Pocket<br>Expense | Description of Supporting<br>Reasonable Documentation<br>(Identify what you are attaching<br>and why) |
|--|---|------------------------------------|---|
| Example:<br>Identity Theft<br>Protection Service | 08/17/24<br>(mm/dd/yy)                          | \$50.00                            | Copy of identity theft protection<br>service bill   |
|  | ___/___/___<br>(mm/dd/yy)                       | \$ _____.                          |   |
|  | ___/___/___<br>(mm/dd/yy)                       | \$ _____.                          |   |
|  | ___/___/___<br>(mm/dd/yy)                       | \$ _____.                          |   |

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**V. ALTERNATIVE CASH PAYMENT**

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All Settlement Class Members may make a claim for an alternative cash payment without the need to document losses incurred as a result of the Security Incident. *(You cannot file a claim for Out-of-Pocket Expenses if you claim the Alternative Cash Payment.)*

Yes, I request an Alternative Cash Payment.

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**VI. CREDIT MONITORING**

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In addition to electing to receive monetary compensation, all Settlement Class Members may also elect to receive three years of Cyberscout Credit Monitoring.

Yes, I request Cyberscout Credit Monitoring.

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**VII. ATTESTATION & SIGNATURE**

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I swear and affirm under the laws of the United States that the information I have supplied in this Claim Form is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name