

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
Taylor, et. al. v. SCI Direct, Inc., et. al., Case No. 20-CV-60709-RAR
www.FuneralAgreementSettlement.com

CLAIM FORM INSTRUCTIONS

This Claim Form is for Settlement Class Members and you are in one or both of the Settlement Classes defined below:

A. Preneed and Retail Merchandise Plan Settlement Class:

All persons who, between April 1, 2016 and the present, purchased a Preneed Funeral Agreement and a Retail Merchandise Agreement from Neptune or NCS (“Preneed and Retail Merchandise Plan”), within the State of Florida, excluding all Preneed and Retail Merchandise Plans for which the contracted for cremation services have been performed, and irrevocable preneed contracts.

B. TRPP Settlement Class:

All persons who, between April 1, 2016 and the present, purchased a Transportation and Relocation Protection Plan “TRPP” from Neptune or NCS, within the State of Florida, excluding all TRPPs where the beneficiary has already been cremated or buried.

Also excluded from the Settlement Classes are: (i) SCI Direct, Neptune, NCS, and any of their employees, officers, or directors; (ii) members of the judiciary and their staff to whom these actions are assigned; and (iii) Counsel for the Parties.

How To Complete This Claim Form

1. There are two ways to submit this Claim Form to the Settlement Administrator: (a) online at www.FuneralAgreementSettlement.com; or (b) by U.S. Mail to the following address:

Funeral Agreement Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

Your Claim Form must be submitted by **December 30, 2022**. If you submit your claim by U.S. mail, make sure the completed and signed Claim Form is postmarked by **December 30, 2022**.

2. You must complete the entire Claim Form. Please type or write your responses legibly. If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information.
3. You may only submit one Claim Form per beneficiary.
4. If you have any questions, please contact the Settlement Administrator by email at info@FuneralAgreementSettlement.com, by telephone at 1-(855)-757-0057, or by U.S. mail at the address listed above.
5. **You must notify the Settlement Administrator if your contact or payment information changes after you submit your Claim Form.**

6. **IF YOU DO NOTHING** – If you do not opt out of the Settlement or timely submit Claims Forms, your Agreements will remain in full force and effect, and Neptune and/or NCS will provide the beneficiary with entitlement to an online obituary, free of charge. This includes the services of Neptune or NCS personnel to work with families to craft the language of the obituary. You will also give up your rights to sue Defendants for the claims in the Lawsuit.
7. **DEADLINE** -- If you submit a claim by U.S. mail, the completed and signed Claim Form must be postmarked by **December 30, 2022**. If submitting a Claim Form online, you must do so by **December 30, 2022**.

Your claim must be submitted online or postmarked by: December 30, 2022

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Claim Form

I. YOUR CONTACT INFORMATION

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

First Name

Last Name

Street Address

City

State

Zip Code

Current Phone Number

Email Address

II. LEGALLY AUTHORIZED REPRESENTATIVE

Complete this section only if you are completing this Claim Form on behalf of a Settlement Class Member as his/her/their Legally Authorized Representative.

“Legally Authorized Representative” means an administrator/ administratrix, personal representative, or executor/executrix of a deceased Settlement Class Member’s estate, a guardian, conservator, or next friend of an incapacitated Settlement Class Member or any other legally appointed Person or entity responsible for the handling of the business affairs of a Settlement Class Member.

Is the person you are completing the Claim Form on behalf of deceased or incapacitated?

Yes ☐

No ☐

What is the nature of your legal representation of this person?*

*Submit documentation to support your legal representation

Provide the following information about the Settlement Class Member:

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number

Email Address

III. REFUND INFORMATION

Do you want to cancel your Preneed Funeral Agreement and Retail Merchandise Agreement (and give up any benefits otherwise owed to you under such Agreements) you have purchased from Neptune or NCS, return the merchandise purchased in the Retail Merchandise Agreement and receive a full refund of the purchase price paid? (Merchandise must be in substantially original condition. Refer to the Individual Notice for instructions on returning merchandise)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you bought a TRPP, do you want to cancel it, along with any Preneed Funeral Agreement and Retail Merchandise Agreement (and give up any benefits otherwise owed to you under such Agreements) you have purchased from Neptune or NCS, and receive a full refund of the purchase price paid? In order to cancel your TRPP, all of your Agreements with NCS or Neptune for the same beneficiary must also be canceled and the merchandise must be returned. (Merchandise must be in substantially original condition. Refer to the Individual Notice for instructions on returning merchandise)	Yes <input type="checkbox"/> No <input type="checkbox"/>

IV. AFFIRMATION AND SIGNATURE

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form is true and correct.

Signature

Date