

**Claim Forms
must be submitted
online or
postmarked by:
NOVEMBER 23,
2026**

Marino, et al. v. Mullinax Ford of Central Florida Inc.
Case No. 2026-CA-004289-O
Circuit Court of the Ninth Judicial Circuit in and for Orange County, FL
www.MullinaxCarDealershipSettlement.com
CLAIM FORM

**MUL
CLAIM**

GENERAL INSTRUCTIONS

This is the Court-approved Claim Form for the class action settlement in **Marino v. Mullinax Ford of Central Florida Inc.** Settlement Class Members may submit this Claim Form by mail or complete and submit it online at www.MullinaxCarDealershipSettlement.com to claim Settlement Class Member Benefits. Online Claim Forms must be submitted no later than **November 23, 2026**. Mailed Claim Forms must be postmarked no later than **November 23, 2026**.

The Settlement Class includes the 4,038 United States citizens whose Private Information was allegedly compromised in the Data Incident discovered by Mullinax Ford of Central Florida, Inc. ("Defendant") in February 2026, including all those who received notice of the Data Incident.

You are NOT eligible to submit a Claim Form if you opted out of the Settlement or are (a) Defendant and its parents or subsidiaries, any entities in which it has a controlling interest, as well as its officers, directors, affiliates, legal representatives, heirs, predecessors, successors, and assigns, and (b) any Judge to whom this case is assigned as well as their judicial staff and immediate family members.

SETTLEMENT CLASS MEMBER BENEFITS

Settlement Class Members who submit a timely and valid Claim Form may elect to receive two (2) years of one (1) credit bureau **Credit Monitoring** and may select **one of the following Cash Payment options**:

OPTION 1

Cash Payment A – Documented Losses. Up to \$3,000.00 in cash compensation for Documented Losses incurred as a result of the Data Incident.

Documented Losses include, by way of example, unreimbursed losses relating to fraud or identity theft: if (i) the loss is an actual, documented, and unreimbursed monetary loss; (ii) the loss was more likely than not caused by the Data Incident; and (iii) the loss was incurred after the date of the Data Incident.

Claims must be for actual, out-of-pocket monetary losses documented by receipts, invoices, or similar third-party records. Personal certifications, declarations, or affidavits from the Settlement Class Member alone do not constitute proper documentation, but may be included to provide clarification, context, or support for other submitted reasonable documentation. Settlement Class Members shall not be reimbursed for expenses if they have been reimbursed for the same expenses by another source, including compensation provided in connection with any credit monitoring and identity theft protection product.

Cash Payment B – Lost Time. Settlement Class Members may also submit a claim for reimbursement of time spent remedying issues related to the Data Incident or researching the Data Incident at a rate of \$25.00 per hour, for up to three (3) hours (a total of \$75.00).

OPTION 2

Cash Payment C - Alternative Cash Payment. As an alternative to Cash Payment A and Cash Payment B, all Settlement Class Members may elect to receive Cash Payment C, which is an alternative cash payment in the amount of \$50.00.

SUBMITTING YOUR CLAIM FORM

Please keep a copy of your Claim Form and any supporting materials you submit. Materials submitted will not be returned. Copies of documentation submitted in support of your Claim should be clear and legible. Mail your completed Claim Form, including any supporting documentation to:

**Mullinax Data Incident Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103**

**QUESTIONS? VISIT WWW.MULLINAXCARDEALERSHIPSETTLEMENT.COM
OR CALL TOLL-FREE 1-866-353-4326**

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I. NAME AND CONTACT INFORMATION

Please provide your name and contact information below. It is your responsibility to notify the Settlement Administrator if your contact information changes after you submit your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID

II. CREDIT MONITORING

☐ Check this box if you want to receive Credit Monitoring.

Note: Enrollment instructions will be sent to the email address you provided in Section I of this Claim Form if the Settlement is approved and becomes final.

**Proceed to Section III to claim Documented Losses and/or Reimbursement of Lost Time;
Proceed to Section IV to claim the Alternative Cash Payment; or
Proceed to Section VI if you do not want to claim a Cash Payment.**

III. DOCUMENTED LOSSES & LOST TIME

☐ Check this box if you are claiming Documented Losses of up to \$3,000.00.

Reasonable Documentation: Fill in the chart below to describe the supporting documentation you are providing with this Claim Form and the loss amount that you are seeking reimbursement for that is supported by the document:

Description of Documentation Provided	Amount
Total Unreimbursed Documented Losses Claimed:	

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☐ Check this box if you are claiming reimbursement for time spent remediating issues related to the Data Incident or researching the Data Incident at a rate of \$25.00 per hour. Select the number of hours spent:

☐ One (1) Hour

☐ Two (2) Hours

☐ Three (3) Hours

Proceed to Section V to select a method of payment. You are not eligible to select the Alternative Cash Payment if you are claiming Documented Losses or Lost Time.

IV. ALTERNATIVE CASH PAYMENT

☐ Check this box if you are claiming the \$50.00 Alternative Cash Payment. **Proceed to the next section.**

V. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: ____ - ____ - ____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

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

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VI. AFFIRMATION & SIGNATURE

By signing below and submitting this Claim Form, I swear and affirm under penalty of perjury under the laws of the United States that:

1. I am a Settlement Class Member, and I have not opted out of the Settlement;
2. The information supplied in this Claim Form and any documents submitted in support of my claim are true and correct to the best my knowledge or recollection; and
3. 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