

In the Circuit Court of the Fifteenth Judicial District, in and for Palm Beach County, Florida
Charles Addow, individually and on behalf of all others similarly situated v. ADT LLC, Case No.
502025CA002300XXXAMB

CONSENT TO JOIN SETTLEMENT CLAIM FORM & RELEASE

<<MERGED_Name>>
<<MERGED_Address>>
<<City, State Zip>>

DEADLINE TO RETURN CLAIM FORM: To receive your settlement payment, **you must timely complete, sign, and return this Consent to Join Settlement Claim Form & Release (the “Claim Form”).** Your Claim Form must be postmarked or received by mail, e-mail or online on or before **July 8, 2025**. You should send the Settlement Claim Form to:

ADT Technician Settlement
ILYM Group, Inc.
P.O. Box 2031
Tustin, CA 92781
Telephone: (888) 250-6810
Website: www.technicianclassaction.com
Email: info@ilymgroup.com

YOU MAY ALSO REQUEST TO SIGN THE CLAIM FORM ELECTRONICALLY BY EMAILING:
INFO@ILYMGROUP.COM

CHANGE OF ADDRESS: If you change your address, please inform the Claims Administrator of your new address to ensure correct processing of your claim and delivery of your settlement payment. It is your responsibility to keep a current address on file with the Claims Administrator.

CONSENT TO JOIN LAWSUIT & AGREEMENT TO BE BOUND TO RELEASE: By signing, dating, and returning this Claim Form, you agree to be bound by the Collective Action Settlement Agreement and Release of Claims (the “Settlement Agreement”) negotiated by Class Counsel, you consent to join this action and you agree to the following release: I fully, finally and forever release, remise and discharge ADT and any of its parent companies, franchisors, partners, predecessors, successors, affiliates, subsidiaries, directors, managers, members, shareholders, current and past employees, servants, insurers, agents, business partners, representatives, legal representatives and any other person or entity acting on their behalf or who may have allegedly jointly employed me during the relevant time period (the “Released Parties”) from all wage and hour claims of any type, including all FLSA claims for unpaid regular, straight time or overtime wages, any federal, state or local wage and hour or wage payment law claims, all derivative benefit claims (both ERISA and non-ERISA benefits, including 401(k) benefits or matching benefits, retirement benefits, and deferred compensation benefits), any state or local wage and hour or unpaid wages type of claims, quantum meruit claims, interest on any such claims, liquidated damages, penalties, and attorneys’ fees and costs related to such claims, and all other available remedies and relief of any kind or nature whatsoever related to such claims, relating to my employment as a Technician with ADT from the beginning of time through March 26, 2025.

The complete terms of the release are set forth in the Settlement Agreement and are incorporated herein by reference.

I _____ (please print) hereby consent and opt-in to become a opt-in plaintiff for settlement purposes in the collective action lawsuit filed against ADT LLC.

I agree to be bound by the collective action settlement approved by the Court.

I hereby designate the law firm of Morgan & Morgan, P.A to represent me in this action.

By my signature below, I consent to participate in the above-referenced lawsuit for purposes of participating in the settlement of the Lawsuit as described in the Court-Authorized Notice of Settlement of Collective Action Lawsuit (the “Notice”) and designate Plaintiff’s Attorneys, Morgan & Morgan P.A., to represent me in the Lawsuit and to make decisions on my behalf. I also agree to release the Released Claims as defined in the Notice and to be bound by the terms of the Settlement Agreement.

Date

Signature

Name (Printed)

Your personal contact information will not be filed with the court.

Mailing Address

Phone Number

Email Address

YOU MUST SUBMIT THIS CLAIM FORM BY NO LATER THAN JULY 8, 2025, TO BE ELIGIBLE FOR PAYMENT. BE SURE YOU HAVE SIGNED AND DATED THIS FORM.