EXHIBIT B

PROOF OF CLAIM AND RELEASE FORM

Securities Exchange Commission v. Brent Seaman, et al.

Case No. 23-22791-CV-WILLIAMS (S.D. Fla.)

In order to receive a distribution as an Eligible Claimant in this SEC enforcement action, you must complete, sign, and submit this Proof of Claim and Release Form. If you are NOT an Eligible Claimant, as that term is defined in the Legal Notice, DO NOT submit a Proof of Claim.

DEADLINE TO SUBMIT A CLAIM IS _____, 2024.

ELIGIBLE CLAIMANT ATTESTATION

Please mark the statement below to attest that you are an Eligible Claimant:

[____] I hereby swear under oath that:

(i) I transferred funds or provided goods and/or services to one or more of the Defendants Accanito Equity, LLC, Accanito Equity II, LLC, Accanito Equity III, LLC, Accanito Equity IV, LLC, Accanito Capital Group, LLC, Surge, LLC, Accanito Holdings, LLC, and/or Relief Defendant, Surge Capital Ventures, LLC (collectively, the "Receivership Defendants");

AND

(ii) the total amount of funds that I transferred to one or more of the Receivership Defendants, or the value of funds, goods, and/or services that I provided to one or more of the Receivership Defendants, exceeds the total amount that the Receivership Defendants returned or paid to me, such that I suffered a net loss or am owed money;

AND

(iii) I am not affiliated with, a member of, or an insider of either Brent Seaman, any Receivership Defendant and/or any corporate entity owned in full or in part by a Receivership Defendant, and I did not knowingly assist either Brent Seaman or any Receivership Defendant perpetuate or promote any investment or have knowledge of its fraudulent nature at the time I transferred funds, or provided the goods and/or services, claimed herein.

ALLOWED CLAIM AMOUNT

Based on the Receiver's review of the Receivership Defendants' records, your proposed Allowed Claim amount is $_____. If you agree with this Allowed Claim amount, you can simply mark the box stating that you "Agree", mark the payment method, insert your payment instructions, and submit this form by clicking the "Submit" button.

☐   **Agree with Allowed Claim amount.**

☐   **Do not agree with Allowed Claim amount.**

If you do not agree with the proposed Allowed Claim amount provided above:

Please complete the table below establishing the amount of your claim against the Receivership Defendants:

Date of Transfer	Amount of Transfer	Source of Transfer	Recipient of Transfer

Total Amount of Your Transfers to, or the value of the goods and/or services You provided to, all Receivership Defendants: $_____

Total Amount of Funds Returned/Paid to You From Receivership Defendants and/or an entity wholly or partially owned by Receivership Defendants: $_____

Net Amount of Your Claimed Loss or Amount Owed to You: $_____

Upload all documentation supporting your claim and submit it with your completed Proof of Claim and Release Form. **Claims without supporting documentation will be automatically denied.**

PAYMENT METHOD AND INSTRUCTIONS

Please select your preferred payment method, in the event that the Receiver determines that you hold an Allowed Clam:

Select only one payment method and enter the required information.

___ Check - Provide full legal name and mailing address: _____.

___Wire Transfer - Provide full legal name, mailing address, bank account number, and your bank's wire transfer instructions:_____.

RELEASE

Except for the obligations created by this Claims Process, by submitting this Proof of Claim and Release Form, the undersigned fully and irrevocably releases and forever discharges the Receiver, the Receivership Defendants, and the Accanito Receivership Estate (collectively, the "Released Parties") from any and all claims, complaints, demands, actions, charges, allegations, causes of action, suits, liabilities, obligations, promises, contracts, agreements, damages, losses, expenses and costs (including, without limitation, actual court costs and attorneys' fees), which the undersigned may now or hereafter have against the Released Parties by reason of direct or indirect transactions with Brent Seaman and/or the Receivership Defendants or any agent acting on their behalf.

The undersigned submits to the jurisdiction of the United States District Court for the Southern District of Florida (the "Court") in connection with any matter relating to the administration of the Accanito Fraud Fund and the processing and disposition of this Proof of Claim and Release Form; and agrees to the Court's summary disposition of the determination of the validity or the amount of the claim made by this Proof of Claim and Release Form, all in accordance with the Distribution Plan.

The undersigned declares under penalty of perjury under the laws of the United States of America (and the applicable laws of any other jurisdiction) that the statements made and the answers given in this Proof of Claim and Release Form are true and correct, and that the documents submitted herewith are true and genuine.

CLAIMANT

Date: _____   _____

                                                       Sign: _____

Click >>here<< [LINK to SUBMIT GOOGLE FORM] to submit your **Proof of Claim and Release Form**.