

PROOF OF CLAIM AND RELEASE FORM

SEC v. Brent Seaman and Accanito Equity LLC, 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 **SEPTEMBER 23, 2024.**

* Indicates required question

1. **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.

Check all that apply.

☐ I am an eligible claimant based on the statements above.

2. ALLOWED CLAIM AMOUNT

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If you agree with the Allowed Claim amount stated in the attached email, you can simply mark the box stating that you “Agree”, mark the payment method you desire, insert your payment instructions, and submit this form by clicking the “Submit” button.

Check all that apply.

- ☐ Agree with Allowed Claim amount.
- ☐ Do not agree with Allowed Claim amount.

If you do not agree with the proposed Allowed Claim amount provided in the attached email:

Please complete the Transfer Worksheet table attached to this email establishing the amount of your claim against the Receivership Defendants. (You may need to click on the "Enable Editing" button across the top of the spreadsheet before you are allowed to input your data.)

Please save and reattach the completed Transfer Worksheet file as well as all other supporting documentation to accanitoclaimsadministrator@dvcattorneys.com.

Please enter your Transfers To, Funds Returned/Paid and Net Amount of Your Claimed Loss in the questions below.

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

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

5. Net Amount of Your Claimed Loss or Amount Owed to You:

6. PAYMENT METHOD AND INSTRUCTIONS

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**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 all that apply.

- ☐ Check (see instructions below)
- ☐ Wire Transfer (see instructions below)

7. If you chose 'Check' as the payment method above, please provide the following required information:

Your full legal name
Mailing address

8. If you chose 'Wire Transfer' as the payment method above, please provide the following required information:

Your full legal name
Mailing address
Bank account number
Bank’s wire transfer instructions

9. **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.

Check all that apply.

☐ I agree to the Release stated above.

10. **CLAIMANT SIGNATURE**

*

I swear under penalty of perjury that the information I have provided in this Proof of Claim and Release form and in any supporting documentation attached hereto is true and accurate to the best of my knowledge.

Date:

Example: January 7, 2019

11. By:

(Your typed name in the space provided below will serve as a legally binding substitute for your handwritten signature.)

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