

ATTACHMENT 2
Class Action Registration Form

To participate in the \$18 million settlement described in the Notice of Proposed Settlement, Class Members must submit this Registration Form to the Claims Administrator.

Your Registration Form must be postmarked on or before **August 14, 2024** for it to be valid. Alternatively, you may register your Registration Form online at www.newindyclassaction.com. Your online Registration Form must be submitted on or before **August 14, 2024** for it to be valid.

Username: «Username»

Password: «Password»

A separate Registration Form must be completed for each Claimant. Registration Forms on behalf of minors should be submitted on the minor's behalf by a parent or guardian (separately from any Registration Forms submitted by the parent or guardian for themselves).

Your Registration Form must be submitted to:

New-Indy Class Action Settlement Administrator
RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479
Phone: (866) 742-4955
Web: www.newindyclassaction.com
Email: newindy@rg2claims.com

You may contact the Class Administrator toll-free at (866) 742-4955 to determine whether you are eligible and to receive assistance with completing this Registration Form.

You must also sign this form on the signature line at the bottom of the last page to be eligible to participate in the settlement fund.

I. Claimant Information:

Claimant First Name

Claimant Middle Name

Claimant Last Name

If you are completing this Registration Form on behalf of someone else (e.g., a deceased person, an incapacitated person, a minor, or a legal entity), please complete the following, and complete the contact information in Section III below on your own behalf.

Your First Name

Your Middle Name

Your Last Name

What is your relationship to the Person upon whose behalf you have completed this Registration Form? (e.g., parent, guardian, Estate Administrator)

II. Qualifying Street Address:

Did you retain the representation of interim class counsel in connection with the alleged emissions from New-Indy on or before April 25, 2024: Yes No

If you did not retain interim class counsel on or before April 25,2024, identify the property address wholly or partly within the Class Settlement Impact Area which you owned during the period from January 31, 2021 until September 11, 2021; resided at, as the spouse or child of the property owner located whole or in part in the Class Settlement Impact Area, for a period of at least 30 days, from January 31, 2021 until September 11, 2021; or the address that you claimed if you retained the representation of Plaintiffs’ Counsel in connection will alleged emissions from New-Indy on or before April 25, 2024. If you have owned or resided at multiple property addresses within the class area, identify the most recent address, and indicate below.

Address

_____ _____ _____
City State Zip

I owned resided at, as the spouse or child of the property owner, for at least 30 days at the property at the above address.

Approximate duration of ownership or residency at this address:

_____ to _____

I have have not owned or resided at multiple properties within the Class Settlement Impact Area from January 31, 2021 until September 11, 2021.

III. Contact and Identifying Information:

My contact information is the same as the Qualifying Street Address listed above.

Address

_____ _____ _____
City State Zip

Telephone: _____ _____ _____
 Home Cell Work

Email: _____

Date of Birth: _____ _____ _____
 MM DD YY

_____ _____
Date Signature