



Dear Valued Member,

Recovering from identity theft on your own can be a difficult and stressful task. We want you to know that LifeLock is here for you and will do our part to help take the stress and burden out of restoring your good name. Enclosed is a checklist of the items necessary for us to begin working on your case, and the Stolen Identity Theft Event insurance claim form. Once you have reviewed the required documents and determine you would like assistance from us and/or would like to submit an insurance claim, please complete and return the documents as instructed. Without these documents, we are unable to begin your restoration process.

Your case will remain in a pending status for up to 30 days while we await your documents. If we have not received your documents within a reasonable time, typically 30 days, our ability to resolve your Stolen Identity Theft Event may be impaired. If you know you will need additional time, please contact us and let us know when you will be able to send documents.

Along with the items noted in the checklist, please include any other documents or correspondence about your Stolen Identity Theft Event, which might include disputed bills received, fraudulent account statements, collection letters, and copies of your credit reports with the disputed information circled, and any other documents requested by NortonLifeLock or the Claims Administrator.

Please submit your claim directly to NortonLifeLock by fax at 1-866-306-1002, by uploading through your member portal, or by mailing the documents to the below address:

NortonLifeLock Inc.  
Attn: Identity Restoration Department  
60 E. Rio Salado Pkwy, Suite 1000  
Tempe, AZ 85281

Once we receive the completed documents, we can begin the restoration process. Should a bank or creditor need to speak with you directly, we will contact you to schedule a time that is convenient for you.

If you have any questions, don't hesitate to contact us at 1-800-607-9826 option 2, Monday through Friday from 7:00 AM to 5:00 PM, MST.

We are dedicated to guiding you through this process. Thank you for trusting NortonLifeLock.

Sincerely,

NortonLifeLock Identity Restoration Department  
Phone 1-800-607-9826 option 2  
Fax 1-866-306-1002

## **Checklist**

Please submit the following documents within 30 days:

- Limited Power of Attorney** (*form provided in kit*) - **must be notarized**
- FTC Identity Theft Victim's Complaint and Affidavit** (*provided in kit*) – **must be notarized**
- If you have already filed a **Police Report/Incident Report** with your local law enforcement agency, please provide a copy. If you have not, please provide the enclosed letter to your local law enforcement agency to request that a report be prepared.
- Copy of Letter from financial institution** that states you are being held responsible for fraudulent activity
- Copies of financial statements** along with an itemized list of the charges you are disputing with the bank with the details as follows for each:
  - The amount of the fraudulent charge
  - Date of the fraudulent charge
  - Name of the financial institution the charge is associated to
  - Whether the charge has been disputed with the financial institution
  - The date the charge was disputed with the financial institution
  - Financial institution's response to the disputed charge, if any
  - Charges you are being held responsible for
  - Charges you may have received reimbursement for to date
- Copy of your Government Issued ID** (*driver's license, passport, or something similar*)
- Copy of Social Security Card** or other acceptable proof of your Social Security Number
- Proof of address** at the time the identity theft occurred (*utility bill, bank statement, paystub or similar in your name*)
- Copy of completed and signed Acknowledgement of Claim Form** (*provided in kit*)
- Supporting Documentation** (*which includes any other documentation or correspondence related to the identity theft*)

## **How to send your documents to NortonLifeLock:**

Option 1. **Fax** your documents to NortonLifeLock at: 1-866-306-1002

Option 2. **Mail** your documents to NortonLifeLock:

NortonLifeLock Inc.  
Attn: Identity Restoration Department  
60 E. Rio Salado Pkwy, Suite 1000  
Tempe, AZ 85281

**NortonLifeLock Inc. Limited Power of Attorney**

I, the undersigned, JULINE ANNE KERR, residing at 502 S Center St City of Spartanburg State of South Carolina Zip Code 29301 appoint NortonLifeLock Inc., a Delaware corporation ("LifeLock"), as my true and lawful attorney-in-fact, for me and for my benefit as I might or could do if personally present, to:

- (a) investigate on my behalf all matters and facts having to do with misuses of my identity or personal credit and/or;
- (b) perform all acts and to execute all documents that may be necessary to restore my identity or personal credit and to correct any related errors.

Any action taken pursuant to this Limited Power of Attorney, unless otherwise invalid or unenforceable, shall be binding upon me and my heirs, devisees, and personal or estate representatives.

To the extent legally permissible, my death shall not revoke or terminate this authority if LifeLock acts in good faith under this Limited Power of Attorney without actual knowledge of my death. In the absence of fraud, LifeLock may execute an affidavit stating that it did not, when acting pursuant to this Limited Power of Attorney, have actual knowledge of the revocation or termination of this Limited Power of Attorney, and such affidavit will be conclusive proof of the validity of the authority at that time.

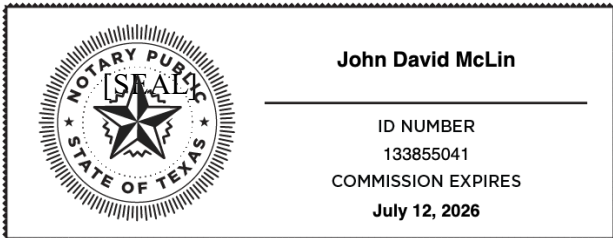
This Limited Power of Attorney shall be valid and effective for a period of one (1) year from the date of its execution unless revoked sooner by virtue of a written instrument executed by me.

My signature below hereby ratifies and confirms all that LifeLock lawfully does or causes to be done under this Limited Power of Attorney is authorized by me.

Signature: *Juline Anne Kerr*  
 Date: 03/13/2023  
 Name (please print): JULINE ANNE KERR

State of Texas ~~South Carolina~~ *JDM*  
 County of Spartanburg ~~Collin~~

This instrument was acknowledged before me on this 13th day of March, 2023.



Notary Public: *John David McLin*  
 Commission Expires: 07/12/2026



## Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit [ftc.gov/idtheft](http://ftc.gov/idtheft) to use a secure online version that you can print for your records.

### Before completing this form:

1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

### About You (the victim)

#### Now

- (1) My full legal name: JULINE ANNE KERR  
First Middle Last Suffix
- (2) My date of birth: 05/06/1978  
mm/dd/yyyy
- (3) My Social Security number: 292-74-3134
- (4) My driver's license: SC 106545351 (REAL ID DL)  
State Number
- (5) My current street address:  
331 Sibley St, Unit 813  
Number & Street Name Apartment, Suite, etc.  
Una SC 29378-5029 USA  
City State Zip Code Country
- (6) I have lived at this address since 08/31/2022  
mm/yyyy
- (7) My daytime phone: (808) 866-4566  
 My evening phone: (808) 866-4566  
 My email: j2rescue@yahoo.com

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

#### At the Time of the Fraud

- (8) My full legal name was: JULINE ANNE KERR  
First Middle Last Suffix
- (9) My address was: 502 S Center St  
Number & Street Name Apartment, Suite, etc.  
Spartanburg, SC 29301 USA  
City State Zip Code Country
- (10) My daytime phone: (808) 866-4566 My evening phone: (808) 866-4566  
 My email: j2rescue@yahoo.com

Skip (8) - (10) if your information has not changed since the fraud.

**About You (the victim) (Continued)**

**Declarations**

- (11) I  did OR  did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.
- (12) I  did OR  did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- (13) I  am OR  am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

! PLANTED BY SPARTANBURG PSYCH REGIONAL HOSPITAL - RIPOFF REPORT#1521777 !

**About the Fraud**

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

(14): Enter what you know about anyone you believe was involved (even if you don't have complete information).

Name: SHANNON WAYNE KERR  
First Middle Last Suffix

Address: 11238 Timber Tech Ave.  
Number & Street Name Apartment, Suite, etc.

TERRORISTS

2ND

Tomball, TX 77375

Shannon Nicole Millwood City State Zip Code Country  
502 S Center St KERR = SSN: 453-15-0303 | TXDL #08188929  
Spartanburg, SC 29301  
Phone Numbers: 281-793-6600 (281-351-6688)

Friend: EDWARD (works there)

Additional information about this person:  
2014 document and I didn't need that with internal revenue service

Beverly and Shannon Smalley of Springfield, Missouri Elliott lodging owns Oak Ridge properties that owns Arbor suites, medical mile arbor management and the WiFi hacking electronic tampering FBI report dated November 11, 2022 for terrorism with no statute of limitations hacking Wi-Fi networks and trying to take down or telecommunications channels. Stolen Verizon devices by Beverly Smalley, as well as Suburban Extended Stay and Spartanburg South Carolina, which forced me to close my Verizon account. Verizon pursuing me for over \$3000 with multi state device theft to carry on their Third World country hacking initiatives. Including mass identity theft times 72 according to Midway University with a borough defense case against them and University of Maryland global campus December 19 and 20th of 2022. BEVERLY WORKS FOR COX NORTH PSYCH

(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

Wi-Fi I even have a hub for upgraded security, as well as Norton LifeLock in place since 05/17/2022

Electronically deleting emails through AT&T tampering with their electronic systems I've had my iCloud backups since 2012.

(14) and (15):  
Attach additional sheets as needed.

[https:// twitter.com/j2rescue/status/1625909160637263872?s=46&t=3HjkCrWDbhYjQHJNYtp7fQ](https://twitter.com/j2rescue/status/1625909160637263872?s=46&t=3HjkCrWDbhYjQHJNYtp7fQ)

### Documentation

(16) I can verify my identity with these documents:

A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).

*If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*

Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

(16): Reminder:  
Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

### About the Information or Accounts

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) 05/06/1976

(B) Julie A. Stratton & Julie S. Stratton

(C) Juline Stratton-Kerr

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: Experian (WHOLE REPORT)

Company Name: EQUIFAX (WHOLE FILE)

Company Name: TRANSUNION (WHOLE FILE)

(19) Below are details about the different frauds committed using my personal information.

JP Morgan Chase		Mr. Scott Fish	864-900-8530
Name of Institution	Contact Person	Phone	Extension
851261112	072000326		N/A
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input checked="" type="checkbox"/> This was an existing account that someone tampered with.			
06/2022   08/2022	12/10/2022	\$3,604.20	
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

JP Morgan Chase - CORP		Mrs. Caitlin Danner	864-900-8530
Name of Institution	Contact Person	Phone	Extension
861590575	072000326		N/A
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <b>J2 Rescue &amp; Rehab, Inc.</b> <input type="checkbox"/> This account was opened fraudulently. <input checked="" type="checkbox"/> This was an existing account that someone tampered with.			
07/15/2022	12/15/2022	~ \$878 (DISPUTED/FXD) (x2)	
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

Social Security Administration		Mrs. Irma Reissner	
Name of Institution	Contact Person	Phone	Extension
Direct Deposit Chase - (4) OIG FRAUD REPORTS 3/2022 - 12/2022			
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input checked="" type="checkbox"/> This was an existing account that someone tampered with.			
05/2014   MISUSED	1/11/23	1/11/2023	\$1723(x2) TEXTs to FBI)
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

(19):  
If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.  
  
Enter any applicable information that you have, even if it is incomplete or an estimate.  
  
If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.  
  
*Contact Person:* Someone you dealt with, whom an investigator can call about this fraud.  
  
*Account Number:* The number of the credit or debit card, bank account, loan, or other account that was misused.  
  
*Dates:* Indicate when the thief began to misuse your information and when you discovered the problem.  
  
*Amount Obtained:* For instance, the total amount purchased with the card or withdrawn from the account.

**Your Law Enforcement Report**

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

Select ONE:

- I have not filed a law enforcement report.
- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

(20):  
Check "I have not..." if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable..." if you tried to file a report but law enforcement refused to take it.

Automated report:  
A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a face-to-face interview with a law enforcement officer.

Spartanburg City Sheriff Department South Carolina  
Law Enforcement Department State

C23020666 02/23/2023  
Report Number Filing Date (mm/dd/yyyy)

GRACE HERLUGSON  
Officer's Name (please print)

0458 (864)398-2332  
Badge Number Phone Number

Did the victim receive a copy of the report from the law enforcement officer?  Yes OR  No

Victim's FTC complaint number (if available): 156368560 | FILED & EmlD 2/15/23



**Signature**

As applicable, sign and date **IN THE PRESENCE OF** [redacted] **a notary,** [redacted]

(21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

*Juline Anne Kerr*

03/13/2023

Signature

Date Signed (mm/dd/yyyy)

**Your Affidavit**

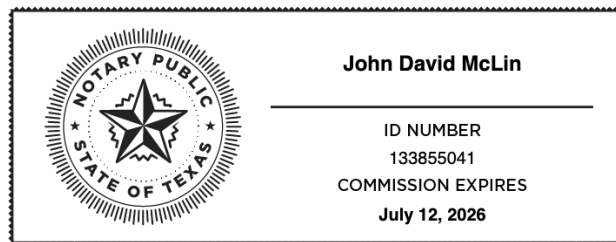
(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit.

State of Texas, County of Collin

Sworn to and subscribed before me on 03/13/2023 by Juline Anne Kerr.

*John David McLin*

Notary



**Witness:**

Notarized online using audio-video communication

*Douglas Parrott*

Signature

Douglas Parrott

Printed Name

03/13/2023

Date

864-238-3385

Telephone Number

**RE: FTC Memorandum**

Dear Member:

The following Law Enforcement Memorandum is provided by the Federal Trade Commission (FTC) to assist victims of identity theft with filing a police report with their local law enforcement office. The Memorandum helps to explain what type of police report is required, what information should be included, and how the police report helps victims of identity theft.

A police report is often required by credit issuers, service providers and other entities to investigate the occurrence of identity theft. In addition, a police report is required by the Claims Administrator to fully evaluate your claim.

If you have not yet filed a police report, we recommend that you take the attached Memorandum with you and provide to the local law enforcement to help them understand the criticality of assisting you with filing your police report. Once your report has been filed, be sure to request a copy of the report and return it along with your other documents.

# MEMO FROM FTC TO LAW ENFORCEMENT

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**To:** Law Enforcement Officer

**From:** Division of Privacy and Identity Protection  
The Federal Trade Commission

**Re:** **Importance of Identity Theft Report**

The purpose of this memorandum is to explain what an “Identity Theft Report” is, and its importance to identity theft victims in helping them to recover. A police report that contains specific details of an identity theft is considered an “Identity Theft Report” under section 605B of the Fair Credit Reporting Act (FCRA), and it entitles an identity theft victim to certain important protections that can help him or her recover more quickly from identity theft.

Specifically, under sections 605B, 615(f) and 623(a)(6) of the FCRA, an Identity Theft Report can be used to permanently block fraudulent information that results from identity theft, such as accounts or addresses, from appearing on a victim’s credit report. It will also make sure these debts do not reappear on the credit reports. Identity Theft Reports can prevent a company from continuing to collect debts that result from identity theft, or selling them to others for collection. An Identity Theft Report is also needed to allow an identity theft victim to place an extended fraud alert on his or her credit report.

In order for a police report to be incorporated in an Identity Theft Report, and therefore entitle an identity theft victim to the protections discussed above, the police report must contain details about the accounts and inaccurate information that resulted from the identity theft. We advise victims to bring a printed copy of their ID Theft Complaint filed with the FTC with them to the police station in order to better assist you in creating a detailed police report so that these victims can access the important protections available to them if they have an Identity Theft Report. The victim should sign the ID Theft Complaint in your presence. If possible, you should attach or incorporate the ID Theft Complaint into the police report, and sign the “Law Enforcement Report Information” section of the FTC’s ID Theft Complaint. In addition, please provide the identity theft victim with a copy of the Identity Theft Report (the police report with the victim’s ID Theft Complaint attached or incorporated) to permit the victim to dispute the fraudulent accounts and debts created by the identity thief.

For additional information on Identity Theft Reports or identity theft, please visit [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft).

December 2022 notified by South Carolina DMV office of DMV records being compromised in the process of changing my address and must go down in person in order to do so. 10 you’re perfect driving record Texas, Hawaii, Missouri, South Carolina, but never got a Hawaii drivers license had a Texas drivers license until May 2020 then got my real ID drivers license from the South Carolina DMV after being here for a year to qualify as a resident.

Name of Your Financial Institution	Last 4 of Your Acct #	Date of Fraudulent Transaction	Merchant / Transaction Name	Transaction Amount	Date You Disputed with Your Financial Institution	Why are you disputing this transaction?	Credit Received from Merchant?	If yes, Date Credit Received	Credit Received from Financial Institution?	If yes, Date Credit Received	If Denied, Date You Received Declination Letter from Financial Institution
CHASE BANK	1112	06/2022	Ticketmaster	\$837.40	10/24/22?	CHASE FRAUD	NO	N/A	NO	N/A	11/15/22?
CHASE BANK	1112	7/2022	Cedar Spring Denistry	\$587.50	10/24/22?	Medicare Fraud	NO	N/A	NO	N/A	11/15/22?
CHASE BANK	1112	6/8/22 - 8/11/22	KTP INVESTMENTS	\$2179.30	10/7/22	HOTEL POISONINGS	NO	N/A	NO	N/A	11/15/22?
<p>07/15/2022 = USA ECONOMY LODGE (KTP INVESTMENTS) attempted to have my mother carrying a firearm license out of Arkansas since 2015 to be kidnapped by the psych hospital while I was at physical therapy to then have me kidnapped to steal all of her belongings including both of my mothers vehicles because they refused to honor, paying for my mothers paint job and body work after their sign, exploded and landed on her INFINITI QX60. Ticketmaster tampered with chase bank by blocking my ability to sell the ticket for several months, resulting in me, disputing the transaction because they refuse to refund the money with it being fully insured. Cedar Spring forced me to pay them in advance to pull two teeth with should've only cost me 85 bucks apiece at \$30 each with Medicare paying the difference and they charge me for x-rays when they shouldn't have after they told me that the x-rays were covered.</p>											

**Sedgwick Claims Management Services, Inc.**  
**Identity Theft Claims Administrator c/o NortonLifeLock Inc.**  
**ACKNOWLEDGMENT OF CLAIM / CLAIM FORM**

**Prior to completing this claim form, please refer to the Evidence of Coverage or Certificate of Insurance for a full explanation of terms, conditions, and limitations of the Stolen Identity Event Insurance. A copy of the Evidence of Coverage or Certificate of Insurance can be found at [www.lifelock.com/legal](http://www.lifelock.com/legal).**

The following information must be completed and sent either (a) to “Claims Kit c/o Sedgwick Claims Management Services, Inc. Identity Theft Administrator” at P.O. Box 94950, Cleveland, OH 44101 (the “Administrator”) or (b) if you would like NortonLifeLock Inc. (“LifeLock”) to send the claim form to the Administrator on your behalf, to LifeLock at NortonLifeLock Inc. – Attn: Restoration Department, 60 E. Rio Salado Pkwy #1000, Tempe, AZ 85281, or fax it to 866-306-1002, promptly after your discovery of a Stolen Identity Event, Stolen Handbag, Purse or Wallet, or Unauthorized Funds Transfer. The Administrator must receive this completed and signed claim form, along with all requested information before the Administrator can determine your eligibility for benefits under the Evidence of Coverage or Certificate of Insurance. You acknowledge that information provided will be used to determine eligibility for benefits. Your receipt of this claim form does not constitute eligibility for coverage. Any capitalized term in this claim form shall have the meaning ascribed to it in the Evidence of Coverage or Certificate of Insurance. If you have questions or need assistance in completing this form, you may contact us at 1-844-220-4720, and we will answer your questions or help you get in touch with NortonLifeLock for further assistance.

**The following information must be completed by the claimant (Please Print in Ink):**

**AFFIDAVIT- I CERTIFY THAT THE BELOW STATEMENTS AND INFORMATION ARE TRUE.**

I submit the following affidavit and provide the attached requested documentation for purposes of proving my eligibility under the Evidence of Coverage or Certificate of Insurance.

My full name is JULINE ANNE KERR  
My address is 502 S Center St., Spartanburg, SC 29301  
My telephone number is 808-866-4566  
The date that I first discovered the Stolen Identity Event 12/15/2022

Please provide detailed explanation of all activities related to your Stolen Identity Event and the expenses you are claiming: (use back of form if necessary)

<https://docs.google.com/spreadsheets/d/1sJjBuU1sqGffcbyujpdtRgeIGUdU7ai4H70WtW8dRlg/edit>

**Losses that I am claiming: (Please check Evidence of Coverage or Certificate of Insurance for applicable benefits and exclusions)**

- I-A:
- Replacement of Documents: \$ N/A
  - Loss of Income: \$ 9000/MO SECRET SHOPPER WALMART I money, verifies, and then it disappears (SINCE 7/2021)
  - Traveling Expenses/Assistance: \$ N/A
  - Childcare or Elderly Care: \$ N/A TO BE DETERMINED BY ATTORNEYS & FBI
  - Arrest Related Expenses: \$ N/A
  - Other: \$ N/A

- I-B:
- Stolen Handbag, Purse or Wallet (one per Stolen Identity Event): \$ N/A
  - Cash: \$ \$200 (Pan Handlers Stalking & HARASSMENT)

I-C:

Unauthorized Funds Transfer: \$ N/A

**I Acknowledge the following:**

- The Stolen Identity Event occurred during the Coverage Period.
- At all times, I will meet my duties and obligations set forth in the Policy.
- The Stolen Identity Event was not an act of theft, deceit, collusion, dishonesty, or of a criminal nature undertaken by me, by any person acting in concert with me, or by my authorized representative, whether acting alone or in collusion with me or others.
- My damages or Losses did not arise from the theft or unauthorized or illegal use of my business name, d/b/a or any other method of identifying a business activity of mine.
- My lost wages, if any, are solely the result of my efforts to amend or rectify records relating to my true name or identity as a result of a Stolen Identity Event.
- The Financial Institution which issued the account involved in the Loss, if any, did not initiate the Funds Transfer in order to recoup monies legally owed to the Financial Institution.

**REQUIRED ATTACHMENTS (Please do not send originals). FAILURE TO SUPPLY THIS INFORMATION WILL CAUSE A DELAY IN THE PROCESSING OF YOUR CLAIM.**

- Copy of the complaint filed with the Federal Trade Commission (FTC).
- Copy of the police report filed with local law enforcement.
- Copy of all receipts, bills or other records that support the Losses incurred (i.e. copy of check, charge slips, financial statements, cash receipts, or paychecks showing hours worked and hourly wage for loss of income expenses).
- Any other documents that the Administrator may reasonably request to validate a claim.

**Please refer to the Evidence of Coverage or Certificate of Insurance for a full description of coverage.**

For your protection, Arizona law requires the following statement to appear on this form. **“Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”**



03/13/2023

**Signature of Claimant**

**Date**

**Sedgwick Claims Management Services, Inc.-  
Identity Theft Claims Administrator c/o NortonLifeLock Inc.  
PO Box 94950 Cleveland, OH 44101  
Phone: 1-844-220-4720 Fax: 216-617-2928 Email: Lifelock@sedgwick.com**



As someone impacted by identity theft, you have experienced a loss that people may describe as traumatic. It isn't just a financial loss. People have a variety of reactions to such a violation of their privacy.

**Don't be surprised if you have:**

- **Physical reactions**—trouble sleeping, concentrating, eating, etc.
- **Emotional reactions**—a wide range of response from anger to fear to guilt.
- **Relational reactions**—lack of trust, frustrations, impatience in dealing with others.

**You Are Not Alone.**

Having worked with people harmed by crime and crisis for nearly 40 years, we've found that identity theft victims have traumatic reactions similar to those victims of violent crime.

**We're Here for You.**

To talk more with people who recognize traumatic reactions, contact the National Organization for Victim Assistance – **it's FREE.**

**1-800-TRY-NOVA (800-879-6682)**

**Who is NOVA?**

Founded in 1975, the **National Organization for Victim Assistance (NOVA)** is the oldest private, non-profit, 501(c)(3) organization of its kind whose mission is to champion dignity and compassion for those harmed by crime and crisis.