

CONSENT TO JOIN FORM

Instructions: Fill out each section of this form and sign where indicated.

THIS CLAIM FORM MUST BE COMPLETED AND POSTMARKED OR E-MAILED TO THE SETTLEMENT ADMINISTRATOR BY: **July 31, 2025.**

First Name	Last Name
Street Address	City
State	Zip Code
E-Mail Address	Contact Phone Number
Apex ID (7 digits located on bottom right-hand corner of Notice)	

Settlement Collective Member Affirmation: By submitting this Consent to Join Form, I declare that I am a member of the Settlement Collective, which is defined as:

All Insurance Sales Agents employed by Defendant during the previous three (3) years who were allegedly misclassified as independent contractors and worked more than forty (40) hours in a workweek.

And that the following information is true and correct:

I am an individual who worked as an Insurance Sales Agent for Defendant between June 14, 2021, and July 17, 2024.

By signing below, pursuant to 29 U.S.C. § 216(b), I hereby “opt-in” and consent to make a claim against *Keystone Advisors, LLC*, as filed in Case No. 4:24-cv-02263. I hereby authorize the filing and prosecution of this Fair Labor Standards Act action on my behalf and designate Elizabeth Smith as collective representative to make decisions on my behalf concerning this litigation, the method and manner of conducting this litigation, the entering into an Agreement with Collective Counsel concerning attorneys’ fees and costs, settlement of the lawsuit, and all other matters pertaining to the lawsuit.

Upon the Court’s final approval of the proposed settlement, I understand that I hereby release and discharge Keystone Advisors, LLC and Keystone Advisors, LLC’s direct and indirect past, present, and future parents, affiliates, subsidiaries, partners, franchisors, divisions, predecessors, insurers, reinsurers, professional employment organizations, representatives, successors, and assigns, and their current and former employees, attorneys, officers, owners, members, managing directors, and agents thereof, both individually and in their business capacities, and their employee benefit plans and programs and their administrators and fiduciaries, both individually and in their business capacities (collectively, the “Released Parties”) from any and all wage and hour claims, suits, actions, controversies, demands, or causes of action, premised upon statute, contract, common law or otherwise, whether seeking liquidated or actual damages, penalties, specific performance, injunctive relief, attorneys’ fees, costs, interest or any other relief, against Defendant or other Releases that arise out of, relate to or are connected with the alleged violation of or non-compliance with the Fair Labor Standards Act (“FLSA”) or otherwise arising from the Defendant’s employment of the Collective Members from June 14, 2021 through July 17, 2024.

Signature: _____

Date: _____
(MM-DD-YY)

Printed Name: _____