

PROOF OF CLAIM FORM

CLAIMANT CONTACT INFORMATION:

Name of Claimant: _____

Name of Person Submitting Form and Relationship to Claimant
(if different from Claimant): _____

Name and Address Where Notices Should be Sent:

Telephone No.: _____

Email Address: _____

Fax No.: _____

CLAIM STATUS:

Check box if you are aware that anyone else has filed a Proof of Claim Form relating to your Claim. (*Attach statement giving particulars.*)

Check box if you have never received any notices from the Receiver.

Check box if the address entered on this form differs from the address on the envelope sent to you by the Receiver.

Check here if this Proof of Claim Form:

amends

replaces

supplements a previously filed Proof of Claim Form, dated: _____.

PROOF OF CLAIM FORM

<p>SEND PROOF OF CLAIM FORM TO:</p> <p>Daniel S. Newman, Receiver c/o Jonathan Etra, Esq.</p> <p>MAILING ADDRESS:</p> <p>21st Floor One Biscayne Tower 2 South Biscayne Boulevard Miami, Florida 33131</p>	<p>THIS SPACE IS FOR RECEIVER'S USE ONLY:</p> <p>Claim No.: _____</p>
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INSTRUCTIONS

PLEASE READ CAREFULLY – FAILURE TO FOLLOW ALL INSTRUCTIONS MAY JEOPARDIZE YOUR ENTIRE CLAIM

1. Where to File Proof of Claim

This form must be completed in accordance with the instructions below and timely filed with Daniel S. Newman, Receiver. The Receiver's mailing address is: 21st Floor, One Biscayne Tower, 2 South Biscayne Boulevard, Miami, Florida 33131.

2. Deadline for Filing Proof of Claim

The deadline for filing this Proof of Claim is **October 12, 2012**. Any Proof of Claim not filed with the Receiver on or before **October 12, 2012** will be considered untimely and may result in disallowance of the Claim.

3. Who Should File a Claim

Founding Partners "Investors of Record." An Investor of Record is defined as a Person shown to be an investor in the books and records associated with Founding Partners Capital Management Company, Founding Partners Stable-Value Fund, L.P., Founding Partners Stable-Value Fund II, L.P., Founding Partners Global Fund, Ltd., and Founding Partners Hybrid-Value Fund, L.P., including any of their related entities (hereinafter "Founding Partners" and also referred to as the "Founding Partners Entities") as of January 1, 2009. If you believe that you invested funds directly into the Founding Partners or some other entity or fund operated by the Defendants and suffered financial injury as a result of your participation in such investment, you should complete and timely submit this Proof of Claim Form to the Receiver. The Receiver is aware that some of the Investors of Record are not the Actual Beneficial Owners of all of the funds that they invested, but instead were raising funds from "Sub-Investors" and then investing those funds through the name of an Investor of Record, or were pooling funds received from a number of "Sub-Investors" under the name of an Investor of Record. The Proof of Claim Form requires all Claimants who are Investors of Record to identify the Actual Beneficial Owners of the funds invested, and to set forth their investment history. Failure to cooperate with the Receiver's efforts to determine the Actual Beneficial Owners of the funds invested in Founding Partners may result in total forfeiture by the Investor of Record of that portion of the investment for which the Investor of Record is not the Actual Beneficial Owner. To the extent that you are an Investor of Record, but are not the Actual Beneficial Owner of any of the funds invested, you should still file a Claim, identifying your Sub-Investors' information relating to their investment. *[If you invested in several of the Founding Partners Entities, please provide a separate proof of claim form for each Founding Partners Entity.]*

All information is provided under penalty of perjury.

Please Initial: _____

PROOF OF CLAIM FORM

4. Information and Documentation to be Provided By Claimant

Each item of information and documentation requested in this Proof of Claim Form will be used by the Receiver in determining each Claimant's eligibility in any distribution of Receivership Property, and in calculating the appropriate amount of each allowed claim, subject to the Court's approval. Please be as detailed and complete as possible with regard to submissions and accounts attached to this form, as it may affect both your eligibility to participate and the amount of your allowed claim. ***Providing false, misleading or incomplete information or incomplete documentation will delay any disbursement made from this Receivership Estate and could jeopardize your distribution altogether.***

5. Claimant Contact Information

Complete the Claimant Contact Information section on the first page of this Proof of Claim Form, giving the name, address, telephone number, e-mail address and fax number of the Claimant to whom the Receivership Entity allegedly owes money or property.

6. Claim Status

If you have never received any notices from the Receiver about this case, and/or if the address differs from the address on the envelope sent to you by the Receiver, check the appropriate boxes on the form on the first page. If this Proof of Claim Form changes, replaces or supplements a Proof of Claim previously filed by you, check the appropriate box on the form and provide the date the previous Proof of Claim Form was filed. Furthermore, check the appropriate box if anyone else has filed a Proof of Claim Form relating to your Claim, and in an attached statement provide particulars such as who filed the related Proof of Claim Form, its date and amount.

7. Details Regarding Investments and Returns in the Founding Partners Entities – Schedule A

With respect to any investment(s) as to which you are asserting a Claim, you must complete Schedule A according to these instructions. Use additional sheets as necessary. Only include in this Schedule A all monies actually transferred directly or indirectly, to Founding Partners, and all monies actually received directly or indirectly, from any such entities. This includes profit payments received by you, and principal returned. Your Schedule A should **not** include any undistributed profits or rollovers of undistributed profits. If you are a Sub-Investor, the Receiver does not expect you to be able to track the transfer of your funds into the Founding Partners Entities. Instead, your Schedule A should identify the accounts into which you deposited your investments, all receipts of profit payments and any principal returns received by you, and the source of those payments, if known.

FAILURE TO IDENTIFY ALL FUNDS RECEIVED BY YOU IN CONNECTION WITH YOUR INVESTMENT MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM

8. Details Regarding “Introducing Party” Fees/Commissions – Schedule B

Some Claimants may have received “introducing party” fees, commissions or other payments in connection with their introduction, whether directly or indirectly, of investors into Founding Partners. These are referred to collectively as “Commission Payments.” Any Claimant who has received any Commission Payments must identify all such payments received on the attached Schedule B. Some of these payments may have been further distributed by a Claimant to other marketers or introducing parties, and Schedule B requires such information. Claims may be adjusted to account for these payments.

FAILURE TO IDENTIFY ALL COMMISSION PAYMENTS MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM

All information is provided under penalty of perjury.

Please Initial: _____

PROOF OF CLAIM FORM

9. Details Regarding Potential Settlement of Receivership Claims Against Sun Capital and Related Parties

On December 27, 2011, the Court preliminarily approved a settlement of all claims brought by the Receiver against Sun Capital, Inc., Sun Capital Healthcare, Inc. and HLP Properties of Port Arthur, LLC, as well as certain other related parties (collectively, “the Sun Parties”), pursuant to a Joint Motion brought by the Receiver and the Sun Parties. Pursuant to the Court’s instructions, you should have received a Disclosure Package in the mail regarding this potential settlement. If you have not received this Disclosure Package, please contact the Receiver and one will be sent to you immediately. You may also access the Disclosure Package by visiting the Receivership website at www.foundingpartners-receivership.com. In order to participate in the proposed settlement transaction, you will be required to execute and return to the Receiver an Investor Release form. A copy of the Investor Release form was included in the Disclosure Package sent to you, and another copy is included with this Proof of Claim Form for your convenience.

IF YOU CHOOSE TO PARTICIPATE IN THE PROPOSED SETTLEMENT TRANSACTION, YOU MUST RETURN THE EXECUTED INVESTOR RELEASE ALONG WITH THIS COMPLETED PROOF OF CLAIM FORM. IF YOU CHOOSE NOT TO PARTICIPATE IN THE PROPOSED SETTLEMENT TRANSACTION, YOU DO NOT NEED TO RETURN THE INVESTOR RELEASE, BUT YOU MUST STILL RETURN THIS COMPLETED PROOF OF CLAIM FORM BY THE DATE SET FORTH ABOVE TO PARTICIPATE IN OTHER POTENTIAL DISTRIBUTIONS FROM THE RECEIVERSHIP ESTATE, OR YOUR CLAIM MAY BE DISALLOWED IN TOTAL. THUS, IF YOU CHOOSE NOT TO PARTICIPATE IN THE PROPOSED SETTLEMENT TRANSACTION, TO PARTICIPATE IN ANY OTHER POTENTIAL DISTRIBUTION FROM THE RECEIVERSHIP ESTATE, YOU MUST COMPLETE AND SUBMIT THIS PROOF OF CLAIM FORM IN A TIMELY MANNER.

10. Supporting Documents Relating to Investment

You must attach to this Proof of Claim Form all documents that show the Receivership Entity owes the obligation claimed. These documents must be sufficient to show the source of the funds invested in Founding Partners, the amount and dates of funds deposited, and the amounts and dates for each payment of funds received from Founding Partners. (For example, you may want to attach copies of cancelled checks (front and back), carbon checks, wire transfer instructions, wire transfer confirmations, money orders, bank statements, itemized account statements, correspondence, subscription documents, etc.) If documents are not available, you must attach an explanation as to why they are not available.

Please make sure that you sequentially label all of the documents that you produce to the Receiver in connection with your Claim, to ensure that both you and the Receiver have the same record of documents received, and in order to maintain integrity and order among the documents the Receiver receives among numerous documents. The Receiver recommends that you label on the bottom right hand corner of each document using your initials and beginning with the number 001 (e.g. for John Q. Smith, the first page of the production of documents would be labeled “JQS001,” the second page “JQS002” and so on). Labeling by hand is acceptable.

DO NOT SEND ORIGINAL DOCUMENTS AT THIS TIME – ONLY SEND COPIES OF DOCUMENTS

11. Identification of Actual Beneficial Owners of Funds Invested in the Founding Partners Entities

To the extent that you are an Investor of Record in Founding Partners, but are not the Actual Beneficial Owner of all of the funds that you invested in your name, you should check the box in Section II.H of the Proof of Claim Form indicating that you are not the Actual Beneficial Owner of all of the funds that you invested, and provide contact information for each separate Sub-Investor whose funds you invested in your name. To the extent that you are a Sub-Investor whose funds were invested in the name of a different Investor of Record, you should check the box so indicating. To the extent that you are an Investor of Record in Founding Partners and you are also the Actual Beneficial Owner of the funds that you invested, you should check the “No” box.

All information is provided under penalty of perjury.

Please Initial: _____

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12. Supporting Documents to Beneficial Ownership of Funds Invested

The Receiver requires that all Persons submitting a Proof of Claim Form identify and provide supporting documentation verifying the source and Actual Beneficial Owner of the funds invested. To the extent that any portion of the funds invested by you are beneficially owned by some Person other than yourself, you must so indicate and provide the Receiver with contact information for each such Person, describe the relationship between you and each such Person, and provide all documents relevant for each such Person holding a beneficial interest in your investment in the Founding Partners Entities with respect to which you are making a claim, and current contact information for each such Person. For example, if your investment constitutes a pooling of funds that you received from others, you must so indicate and provide the information required in this instruction.

To the extent that you are claiming that all or any portion of your investment constitutes funds for which you have sole beneficial interest, you must set forth the source of your funds and provide supporting documentation verifying this source. For example, if you indicate that the funds invested were proceeds of a relative's life insurance policy, you must provide documentation establishing your receipt of such funds and tracing such proceeds to your investment.

If for any reason you are unable to provide information regarding the source of the funds invested, you must provide a detailed explanation as to why this information is unavailable to you or is otherwise unable to be provided. Attach additional sheets if necessary.

13. Questions Seeking Additional Information Relating To Your Investment

Please answer the questions to the best of your ability. This will assist the Receiver with his investigation efforts, and may lead to the recovery of additional assets.

14. Questions Relating to Credits

By signing and filing this Proof of Claim Form, you are stating under oath that you have given the Receivership Entity credit for ALL payments received from any Receivership Entity or any other third-party.

15. No Blank Answers

If a particular item does not apply to you specifically, write "not applicable." If you do not know the answer to a particular item, write "not known." ***Do not leave a question blank. Use additional pages as necessary to provide complete responses.***

16. Signature – Legal Authority to Submit Claim

The Proof of Claim Form must be signed and dated by the Claimant, or a duly authorized officer or legal representative in the space provided on the final page. To the extent that the signatory is authorized pursuant to a power of attorney or court appointment, documentation of such authority must be provided.

17. Independent Verification of Claims – Requests for Supplemental Information

All Claims are subject to verification by the Receiver and any professionals and experts he retains. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Claims will not be considered for payment until they have been verified.

18. Acknowledgment of Filing Proof of Claim

To receive an acknowledgment of the receipt of your Claim, enclose a self-addressed envelope or postcard with your Proof of Claim Form.

All information is provided under penalty of perjury.

Please Initial: _____

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19. Communications With Receiver

Any questions about this form or process (including supporting documentation) should be made by e-mail to tanzalone@BroadandCassel.com or in writing to the Receiver's office, Broad and Cassel, Attn: Founding Partners Claims Administrator, 21st Floor, One Biscayne Tower, 2 South Biscayne Boulevard, Miami, Florida 33131. If you have information that you believe may be helpful to the Receiver, the SEC or any other law enforcement agencies, we encourage you to contact the Receiver at the aforementioned e-mail address.

20. Certification of Truthfulness

Each Person completing a Proof of Claim Form is required to certify, under penalty of perjury, that all the information contained in this Proof of Claim Form is correct, to the best of such Person's knowledge, and that such Person is authorized by the Claimant to submit the Proof of Claim Form on the Claimant's behalf.

21. Requests for Additional Information or Documentation

The Receiver may require additional information or documentation. By submitting a Proof of Claim Form, each Claimant agrees to cooperate with the Receiver in these requests. ***Failure to provide all such requested information or documentation may result in delays in the claims process or in the partial or complete disqualification of your claim.***

22. Computing Your Claim Amount

You are not being requested at this time to state an amount you wish to recover through an allowed claim. Using the information provided in and with your Proof of Claim, the Receiver will determine the amount of your allowed claim, if any, and will provide notice to you of such determination, as well as how you might object to the Receiver's determination, in accordance with a Court approved plan of distribution.

All information is provided under penalty of perjury.

Please Initial: _____

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QUESTIONNAIRE

Before completing this form, please read the foregoing Instructions, provided to you along with this Proof of Claim Form.

Providing false, misleading or incomplete information or incomplete documentation could delay any disbursement made from this Receivership Estate and could jeopardize your distribution altogether.

Section I. – Affiliations and Related Parties

Check the appropriate box for each question. If the answer to any question is yes, please attach an explanation giving details

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | Are you affiliated with or related in any way to any of the Defendants? |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a present or former officer, director, employee or agent of any of the Defendants? |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | Are you the legal representative, heir, successor, or assignee of any of the Defendants? |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates or related parties directly or indirectly sell or otherwise market any investment for any of the Defendants? |
| E. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates or related parties directly or indirectly recommend any investments for any of the Defendants (including refer anyone to a salesperson, provide a list of names of possible investors, tell others about the investment, etc.)? |
| F. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates or related parties receive any money or other compensation or benefit of any nature (such as commission, referral fee, finder’s fee, promoter fee, credit on any investment, gift or present) directly or indirectly from any of the Defendants or any other Person connected with the Founding Partners Entities? |

Section II. – Relationship of Claimant to Founding Partners Entities

Please review Instructions carefully before completing this section.

Check the appropriate box for each question, and supply additional information as requested.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| G. | <input type="checkbox"/> | <input type="checkbox"/> | Did you invest any funds directly and in your own name into Founding Partners (i.e., were you an “Investor of Record”)? |
| H. | <input type="checkbox"/> | <input type="checkbox"/> | Did you invest funds indirectly into Founding Partners through another Person (i.e., were you a “Sub-Investor”)? (If the answer to this question is YES, please state the name of |

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Please Initial: _____

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the Person through which your funds were invested in the Founding Partners Entities, and provide the contact information sought below.)

Person through which funds were invested: _____

Contact Person: _____

Address: _____

Telephone No.: _____

E-Mail address: _____

I. Did you invest funds directly or indirectly in either Founding Partners Capital Management Company, Founding Partners Stable-Value Fund, L.P., Founding Partners Stable-Value Fund II, L.P., Founding Partners Global Fund, Ltd., or Founding Partners Hybrid-Value Fund, L.P. If yes, please mark the entity in which you claim to have invested. If no, please state the related entity in which you have invested funds either directly or indirectly.

 Founding Partners Capital Management Company

 Founding Partners Stable-Value Fund, L.P.

 Founding Partners Stable-Value Fund II, L.P.

 Founding Partners Global Fund, Ltd.

 Founding Partners Hybrid-Value Fund, L.P.

 Other: _____

J. Did you enter into any written agreement(s) relating to your investment?

K. Do you possess a copy of such written agreement(s)? (If the answer to this question is YES, please produce copies of any such agreement with your Proof of Claim Form.)

L. Did you ever send or receive any written communication(s) relating to your investment?

M. Do you possess a copy of such written communication(s)? (If the answer to this question is YES, please produce copies of all such communications with your Proof of Claim Form.)

Section III. – Investment History – Schedule A

All Claimants must complete Schedule A – Investment History.

Please review Instruction 7 carefully before completing this schedule.

All information is provided under penalty of perjury.

Please Initial: _____

PROOF OF CLAIM FORM

You should attach additional sheets as necessary.

YOUR CLAIM WILL NOT BE CONSIDERED UNLESS YOU COMPLETE SCHEDULE A

Section IV. – Documents Relating to Investment History

All Claimants must provide documentation verifying their investment history, including the submission of periodic (e.g., monthly, quarterly, etc.) bank statements showing all receipts and payments of any funds relating to the Founding Partners Entities, backup documents (such as wire transfer confirmations and fronts and backs of checks), and any and all correspondence reflecting, confirming or otherwise relating to receipts and payments of funds.

Section V. – Identification of Actual Beneficial Ownership of Funds Invested.

Check the appropriate box for each question, and supply additional information as requested.

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| M. | <input type="checkbox"/> | <input type="checkbox"/> | Are you the Actual Beneficial Owner of all of the funds that you invested in Founding Partners? (If you are not the Actual Beneficial Owner of the funds invested, please attach a list of all Sub-Investors whose funds you invested in the Founding Partners, and, for each Sub-Investor: (i) provide current contact information; (ii) set forth the entire investment history of such Sub-Investor including all payments received from such Sub-Investor and all payments made to such Sub-Investor; and (iii) produce all documents in your possession relating to such Sub-Investor’s investment. To the extent that you were the Actual Beneficial Owner of some but not all of the funds that you invested in Founding Partners, you should check “NO,” and provide separate investment histories with respect to both the aggregate investment made by you and the component of such investment that comprises funds that you beneficially owned.) |

Section VI. – Documentation of Actual Beneficial Ownership of Funds

Please review Instruction 11 carefully before completing this schedule.

You are required to provide documentation establishing your ownership of funds invested in the Founding Partners Entities. This includes, but is not limited to, bank or other financial records for each account out of which funds were invested or into which any payments were received.

Section VII. – “Introducing Party” Fees, Commissions, Other Payments – Schedule B

Please review Instruction 8 carefully before completing this schedule.

All Claimants who have received any “introducing party” fees, commissions or payments in connection with the Founding Partners Entities or any related fund must complete Schedule B – “Introducing Party” Fees, Commission or Other Payments.

You should attach additional sheets as necessary.

FAILURE TO IDENTIFY ALL SUCH PAYMENTS MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM.

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Please Initial: _____

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Section VIII. –Additional Information

Please attach additional documents or sheets as needed.

- N. Who introduced you to the investment that is the basis for your Claim?
- O. Describe in detail how you learned about the investment that is the source of your Claim, and provide all relevant details concerning the investment from first learning of it through the date the Receiver was appointed. (Please provide a narrative of the details.)
- P. What is the source of the funds you invested? (For example, personal savings, borrowed funds, funds invested on behalf of others, etc.)
- Q. How did you first learn that you should file this Proof of Claim Form?

All information is provided under penalty of perjury.

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- R. Have you made any attempts, including the filing of any lawsuit, to retrieve your investment, apart from any attempts made through this claims process? *(If the answer to this question is YES, provide a narrative of all such attempts, with whom you communicated, the response you received, and produce all documentation of any such attempts. If you have filed any Claim with any court or in any proceeding, please identify what you have filed and where, and provide any copies and all documentation submitted in connection with any such Claim.)*
- S. Did you at any time, other than the investment(s) described in this Proof of Claim Form, have business dealings with any of the Founding Partners Entities or with William L. Gunlicks? If so, please describe those business dealings in detail.
- T. Have you received any monies from any of the Founding Partners Entities at any time, other than in connection with the investment(s) described in this Proof of Claim Form? If so, please explain.
- U. Have you made any investment in the Founding Partners Entities which is not reflected in this or any other Proof of Claim Form? (If the answer to this question is YES, complete Schedules A and B, and also comply with Sections IV, V, and VI, with regard to this investment. Furthermore, explain why you have not filed a Proof of Claim Form with regard to that investment.)

All information is provided under penalty of perjury.

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- V. Have you had any communications with any of the Defendants and/or anyone formerly affiliated with them regarding retrieving or recovering any part of your investment in the Founding Partners Entities? (If the answer to this question is YES, please provide a written narrative of all such communications, stating with whom you communicated, how the communication came about, what agreements, if any, you reached, and please produce all documentation related to these discussions.)

I am a signatory to each of the accounts listed above and am duly authorized to provide such consent.

CLAIMANT

All information is provided under penalty of perjury.

Please Initial: _____

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Certification of Truthfulness

Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby certify, under penalty of perjury, and pursuant, that all of the information provided in this Proof of Claim Form, including all Schedules and attachments to the Proof of Claim, is true and correct and that the undersigned is authorized to make this Claim. By initialing each item below, I specifically certify that:

		Initial
1.	I have read the Instructions to the Proof of Claim Form prior to completing the Proof of Claim Form.	_____
2.	I have identified in Schedule A to the Proof of Claim Form all of my investments into Founding Partners or any successor or related investment program, and all Payments and Principal Returns that I have received at any time since the beginning of my participation in such investment to the present.	_____
3.	I have identified in Schedule B to the Proof of Claim Form all “Commission Payments” that I have received in connection with my direct or indirect introduction of investors into Founding Partners or any successor or related investment program.	_____
4.	I have identified, to the best of my knowledge, the Actual Beneficial Owners of the funds that I invested in Founding Partners or related investment program.	_____
5.	I acknowledge a duty on my part to supplement or amend this Proof of Claim Form to disclose a material change with respect to any answer or information provided in connection herewith.	_____

Signed, under penalty of perjury, this _____ day of _____, 20____.

Signature: _____

Print Name: _____

Name of Claimant: _____

Relationship to Claimant (Title): _____

[Sign and print name, the name of the Claimant on whose behalf you are submitting this Claim and your relationship to the Claimant. If you are signing on behalf of the Claimant, state the basis for your authorization to sign on behalf of claimant, and attach any power of attorney or other relevant authorization.]

All information is provided under penalty of perjury.

Please Initial: _____

SCHEDULE A

INVESTMENT HISTORY

(Use additional sheets as necessary)

Name of Claimant: _____

Date of Transaction (month/day/year)	Funds invested (\$ amount)	Payments received from Founding Partners (\$ amount)	Your bank account information (include name of bank, branch, account holder name, account number)	Method of investment / payment (e.g., check, wire transfer)	Counterparty	Counterparty bank information, if known (include name of bank, branch, account holder name, account number)	Are you producing along with your Proof of Claim Form documents reflecting or relating to this transaction, and if yes, please indicate document numbers. (Yes or No)

All information is provided under penalty of perjury.

Please Initial: _____

SCHEDULE B

COMMISSION PAYMENTS
(Use additional sheets as necessary)

Name of Claimant: _____

Date of Transaction (month/day/year)	Amount of commission payments received (\$ amount)	Bank account information for Claimant Account into which payment received (include name of bank, branch, account holder name, account #)	Payor Name	Your bank account information re payor of commission payments if known (include name of bank, branch, account holder name, account #)	Transfers of Funds by Claimant to Other Marketers / Introducing Parties (\$ amount)	Name of Recipient of Commission Payments Transferred by Claimant	Counterparty Bank information, if known (include name of bank, branch, account holder name, account number)	Are you producing along with your Proof of Claim Form documents reflecting or relating to this transaction and if yes, please indicate document numbers. (Yes or No)

All information is provided under penalty of perjury.

Please Initial: _____