

EXHIBIT A

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

Administrative Proceeding File No. 3-9367

In the Matter of :
 :
 :
AMERICORP SECURITIES, INC. :
and DREW EDGAR SCHAEFER, : **PROOF OF CLAIM**
 :
Respondents. :
 :

Name of present or former Americorp Account Holder (“Claimant”):

[Customer name]

Address of present or former Americorp Account Holder:

[Customer address]

Americorp Account(s) <u>(“Affected Accounts”)</u>	Number of PHC <u>shares purchased</u>	Affected Account’s <u>Pro Rata Distribution</u>
[customer account no.]	[number or shares]	\$ xxx.xx

Part 1: TO BE COMPLETED BY ALL CLAIMANTS (Complete A or B, and C.)

A. ___ I wish to receive the Pro rata Distribution for each of the Affected Accounts.

B. ___ I wish to receive the Pro rata Distribution only for the following Affected Accounts:
(identify by account number)

Date _____

Signature of Claimant

Date _____

Spouse's or Joint Owner's
signature (if applicable)

C. Provide the social security or taxpayer identification number for each Affected Account for which you wish to receive the Pro rata Distribution:

Account No. _____ Soc. Sec./taxpayer id no. _____

Account No. _____ Soc. Sec./taxpayer id no. _____

I, _____ (print name of person signing form), DECLARE UNDER PENALTY OF PERJURY THAT, by completing and signing this form, I represent that to the best of my knowledge the information contained on this form is correct and that I was not an officer or employee of Americorp Securities, Inc., or an immediate family member of Drew Edgar Schaefer, on March 3, 1994.

County of _____

State of _____

Subscribed and sworn to before me this __ day of _____, 2002.

Part 3: CORRECTED ADDRESS -- TO BE COMPLETED IF PRINTED ADDRESS IS INCORRECT

Current Street Address Apt/Suite No.

City State Zip Code

Daytime Phone No.