

SEC v. FTC Capital Markets, Inc. et al.
09 Civ. 4755 (PGG)

INVESTOR CLAIM FORM

Name and address of Claimant(s):

Telephone Number/E-mail address of Claimant(s):

Please provide a list of all accounts maintained with FTC Capital Markets, Inc. and/or FTC Emerging Markets, Inc. d/b/a/ FTC Group (collectively the "Defendant Entities") and if required explain the relationship of Claimant(s) to account holder(s) (e.g. "beneficial owner of XXX Corporation, account holder" or "limited partner of XYZ, Ltd., account holder"):

Part 1: TO BE COMPLETED BY ALL CLAIMANTS

A. I made the following principal investments with FTC Capital Markets and/or FTC Emerging Markets: (Please list each *outstanding* transfer of funds and/or securities separately. Please complete your response to Part 1.A. on supplemental pages, if necessary.)

<u>Date</u>	<u>Amount</u>	<u>Bank/Brokerage Account¹</u>	<u>Method of Payment²</u>	<u>Source of Payment³</u>
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1/ Identify the financial institution where the payment was sent and provide the account name and number.

2/ E.g. wire transfer, check.

3/ Identify the financial institution that you sent the payment from and provide the account name and number.

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TOTAL INVESTED: \$ _____

B. I paid the following fees to FTC in connection with the account: (You may complete your response to Part 1.B. on supplemental pages, if necessary.)

<u>Period Covered by Fee</u>	<u>Date of Payment</u>	<u>Amount</u>	<u>Method of Payment</u> ⁴
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TOTAL FEES: \$ _____

C. After I began investing with FTC, the following payments were made to me, for my benefit, or at my direction, by FTC or from accounts under FTC's control: (Please list each payment separately. You may complete your response to Part 1.C. on supplemental pages, if necessary):

<u>Date</u>	<u>Amount</u>	<u>Method of Payment</u> ⁵	<u>Recipient of Payment</u>
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TOTAL RECEIVED: \$ _____

^{4/} Indicate whether the payment was in the form of a transfer by you or a withdrawal or transfer by FTC from an account under FTC's control, in which case identify the account.

^{5/} E.g. wire transfer, check.

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D. When I terminated my relationship with FTC and/or took control of the account(s) previously opened with FTC, the balance in the account(s) was:

<u>Account</u>	<u>Balance</u>	<u>Date of Change of Control</u>
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E. With respect to any funds allegedly mismanaged or misappropriated by FTC that have been recovered through any court action, arbitration, or insurance claim, state the amounts recovered (gross of fees or expenses); the extent to which the amounts include prejudgment interest and the date(s) from which such interest accrued; the dates of payment; the payors; and the amount of any costs or attorneys fees deducted from the amounts recovered; and identify the action (e.g. arbitration, civil forfeiture action; interpleader) resulting in the recovery; and produce copies of any award, agreement, or court order reflecting the recovery.

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- F. I ___ do/___ do not affirm that other than the payments identified in response to Parts 1. C. and E., or the receipt of the balances in my accounts stated in Part 1.D., I have not received any payments from FTC, or in connection with investments under FTC's control, since I began investing with FTC.

- G. I ___ do/___ do not affirm that I/we (if investment(s) were jointly made) was/were not at any time during the period January 2007 through May 2009, aware of the true status of my/our investments with FTC or FTC's fraud upon any other customer.

- H. Claimant's Social Security number(s) or Taxpayer Identification number(s) is/are _____ or Claimant(s) is/are not subject to taxation by the United States or any state or municipality within the United States because _____

TOTAL LOSS CLAIMED: \$ _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA that I have examined the information provided in this Claim Form (including any supplemental pages or other material incorporated by reference), and to the best of my knowledge and belief, it is true, correct, and complete.

Executed on: _____
(Date)

(Signature)

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

Sworn to before me this ___ day of _____, 2011.

Notary Public
My commission expires:

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Part 2: TO BE COMPLETED IF PAYMENT IS TO BE MADE OTHER THAN TO CLAIMANT(S) IDENTIFIED ABOVE

If Payee is different from Claimant, or if Claimant is submitting this claim in a fiduciary capacity (e.g., trustee, executor, administrator, custodian), check the appropriate box below and complete this section.

Successor

Trustee _____ Executor _____ Garnishee _____

Administrator _____ Custodian _____ Other (explain) _____

Name of Payee _____

Payee's Social Security number or Taxpayer Identification number is _____ or Payee is not subject to taxation by the United States or any state or municipality within the United States because _____

Current Street Address Apt/Suite No.

City State Country Zip Code

Daytime Phone No/Email address

I, _____ (print name of person signing form),
DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA that, by completing and signing this form in a fiduciary capacity (e.g., trustee, executor, administrator, custodian), I represent that I am authorized and empowered by the advisory client(s) named above to submit this claim and accept payment as such.

Executed on: _____
(Date) (Signature)

Sworn to before me this __ day of _____, 2011.

Notary Public
My commission expires: