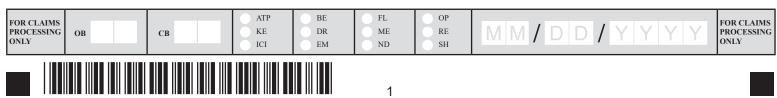
		Must Be Postmarked No Later Than December 6, 2021
Official Office Use	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION	STANFORD
Only	SEC v. Stanford International Bank, Ltd., ET AL.	
	Case No. 3:09-CV-0298-N	
	<b>PROOF OF CLAIM FORM - INSURANCE CLAIMS</b>	
	Please Type or Print in the Boxes Below	
	Do <u>NOT</u> use Red Ink, Pencil, or Staples	

PART I: CLAIMANT IDENTIFICATION												
Last Name		M.I.	First Name									
Date of Birth												
MM/DD/YYYY												
Last Four Digits of Social Security Number	Taxpayer Identification Number											
or	—											
Telephone Number (Primary Daytime)	Telephone Num	ber (Alte	ernate)									
	—											
Email Address												

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Address		into i																						
Address																								
City													State	Э	ZIP	Code	е							
Foreign F	Provine	ce					Fo	oreig	n Po	ostal	Coc	le			F	orei	ign (	Cour	ntry	Nam	ne/Al	obre	viatio	n



## PART II. STANFORD RECEIVERSHIP ENTITIES

## Please identify, by filling the appropriate circle, the Stanford Entity for whom you worked:

STANFORD ENTITIES:
<ul> <li>A: Stanford International Bank, Ltd.</li> <li>B: Stanford Group Company</li> <li>C: Stanford Capital Management, LLC</li> <li>D: Stanford Trust Company</li> <li>E: Stanford Financial Group Company</li> <li>F: Stanford Coins &amp; Bullion, Inc.</li> <li>G: Other: (Please see www.stanfordfinancialclaims.com for a complete list of Stanford Entities)</li> </ul>
TOTAL AMOUNT OF CLAIM:

## PART III. DETAILS CONCERNING INSURANCE CLAIM

Identify date you first submitted insurance claim to Underwriters (and attach copy of original claims submission).																					
If a Legal Action is Pending against you for which you are seeking insurance coverage, provide Date Commenced, Court/Tribunal Name, and Case No. (and attach complaint/petition).																					
If a Judgmo Tribunal Na	ame, and	d Case	No. (	and att	ach co			-	e see	king	reim	burse	emei	nt, pi	ovi	de C	)ate	ente	ered	, Co	ourt/

IF YOU NEED ADDITIONAL SPACE PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY AND FILL THIS CIRCLE: IF YOU DO NOT FILL IN THIS CIRCLE THESE ADDITIONAL PAGES MAY NOT BE REVIEWED. YOU MUST READ AND SIGN THE RELEASE ON PAGE 3. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



### PART IV. DECLARATIONS AND SIGNATURE

SUPPORTING DOCUMENTATION: Please attach to your Proof of Claim Form the documents that support your Proof of Claim Forms as further specified above. DO NOT SEND ORIGINAL DOCUMENTS. If such documentation is not available, please attach an explanation of why the documents are unavailable.

VERIFICATION OF CLAIMS: All Proof of Claim Forms submitted are subject to verification by the Receiver and approval by the Court. 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 CONSENT TO JURISDICTION: If you submit a Proof of Claim Form in this case, you consent to the jurisdiction of the District Court for all purposes related to this claim and agree to be bound by its decisions, including, without limitation, a determination as to the validity and amount of any claims asserted against the Receivership Entities. In submitting a Proof of Claim Form, you agree to be bound by the actions of the District Court even if that means your claim is limited or denied.

I (WE) DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT ALL OF THE FOREGOING INFORMATION SUPPLIED ON THIS PROOF OF CLAIM FORM BY THE UNDERSIGNED IS TRUE AND CORRECT.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ (Month/Year)

(Sign your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

Reminder Checklist:

- 1. Please sign the above declaration.
- 2. Remember to attach copies of supporting documentation, if available.
- 3. Keep a copy of your Proof of Claim and all supporting documentation for your records.
- 4. If you move, please send the Claims Agent your new address.
- 5. Contact the Claims Agent at (866) 964-6301 or (317) 324-0757 with any questions. Inquiries can also be sent via email to info@stanfordfinancialclaims.com

Submit your Proof of Claim Form and supporting documentation to the Receiver's Claims Agent: (1) By email at info@stanfordfinancialclaims.com; (2) by mail to Stanford Financial Claims, P.O. Box 990, Corte Madera, CA 94976-0990; (3) by courier service to Stanford Financial Claims, 1 McInnis Parkway, Suite 250, San Rafael, CA 94903; or (4) by facsimile or by telecopy to (415) 258-9639.



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