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UNITED STATES DISTRICT COURT NORTHERN  
DISTRICT OF TEXAS DALLAS DIVISION

SEC v. Stanford International Bank, Ltd., ET AL.

Case No. 3:09-CV-0298-N

**PROOF OF CLAIM FORM - INSURANCE CLAIMS**

Please Type or Print in the Boxes Below

Do NOT use Red Ink, Pencil, or Staples

Must Be Postmarked  
No Later Than  
December 6, 2021

**STANFORD**

**PART I: CLAIMANT IDENTIFICATION**

Last Name	M.I.	First Name

Date of Birth  
MM / DD / YYYY

Last Four Digits of Social Security Number	or	Taxpayer Identification Number

Telephone Number (Primary Daytime)	Telephone Number (Alternate)

Email Address

**MAILING INFORMATION**

Address

Address

City	State	ZIP Code

Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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**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](mailto: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](mailto: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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