

**BRYANT UNITED CAPITAL FUNDING RECEIVERSHIP  
Claim Notification Form**

**I. Claimant Information**

*Please type or print using blue or black ink*

|                             |  |
|-----------------------------|--|
| <b>Primary<br/>Claimant</b> | Claimant's (Investor's) Name (Last Name, First Name, M.I. / Entity Name)   |
|                             | <input type="text"/>   |
|                             | Tax ID (Check one) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Foreign ID |
|                             | <input type="text"/> (If Foreign ID, provide country) _____  |

|                           |  |
|---------------------------|--|
| <b>Joint<br/>Claimant</b> | Joint Claimant's Name (if any) (Last Name, First Name, M.I. / Entity Name)                                       |
|                           | <input type="text"/>   |
|                           | Tax ID (Check one) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Foreign ID |
|                           | <input type="text"/> (If Foreign ID, provide country) _____  |

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| <b>Claimant's<br/>Mailing Address</b> | Attention                         |
|                                       | <input type="text"/>              |
|                                       | Street Address                    |
|                                       | <input type="text"/>              |
|                                       | City, State/Province, Postal Code |
| <input type="text"/>                  |                                   |
| Country                               |                                   |
| <input type="text"/>                  |                                   |

|   |   |                      |
|---|---|----------------------|
| <b>Claimant's Contact<br/>Information *</b> | Daytime Phone                                 | Alternate/Cell Phone |
|   | <input type="text"/>                          | <input type="text"/> |
|   | Contact Name (if other than primary claimant) |                      |
|   | <input type="text"/>                          |                      |
|   | E-mail Address or Website                     |                      |
| <input type="text"/>                        |   |                      |

## II. Claim Type

- Investor Claim  
Secured Creditor Claim  
Vendor Claim  
Landlord Claim  
Other Claim: *(please describe)*

- If Investor Claim, please state the total amount invested. \$
- If any Claim Type other than Investor Claim, please state the total amount of the claim. \$

## III. Investment Information

*If you are making an Investor Claim, please complete this section.*

1. Did you receive statements related to your investment?      Yes                      No

2. If yes, please state the name of the Defendant on the statement.      Wammel Defendants **or**      BUCF Defendants

3. Member ID (if applicable)

3(a). Please include and attach all statements.

4. Do you have other proof of your investment (e.g. account statements, wire transfer confirmations, deposit slips, cancelled checks, receipts, etc.)?

Yes                                      No

4(a). If yes, please include and attach all proof of your investment.

4(b). If yes, please provide the Defendant Account number on said documents.     

5. Please describe where you were told your money would be invested (e.g. mortgages, stocks, bonds, etc.).

#### IV. Transaction Tables: Amounts Invested and Amounts Received

If you have previously submitted documentation and the total amount invested with Receivership Defendants to the Receiver, you still need to resubmit that documentation.

Please complete the below transaction table. Please list every transaction you made or received. Please indicate the date of the transaction, the type of transaction (deposit or receipt), the Defendant to whom the transaction is related, and the amount of the transaction. Please attach documentary proof for any transaction identified. Documentary proof of transactional information can include account statements, wire transfer confirmations, deposit slips, cancelled checks, receipts, etc. If you need additional space, please make copies of the table or download additional pages from our website.

If you invested money with Defendants for other individuals or entities, list only your own transactions, not the deposits and withdrawals made on behalf of other investors. If your investments cover multiple claims, please submit a separate Claim Notification Form for each claim applicable. Likewise, if your investments cover multiple Defendants, please submit a separate Claim Notification Form for each defendant.

***Please submit copies and keep the originals.***

*This is not a determination of the eligible amount of your claim.  
It is merely a listing of the cash transactions relating to your investments with Defendants.*

**Investment**

*Please indicate every investment you made with one of the Defendants.*

| Date of Transaction | Transactional Information<br><i>(wire transfer, check, etc.)</i> | Defendant and Transaction<br>Description or Note <i>(if applicable)</i> | Amount<br>(USD or local currency) |
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The total amount of my Investment:

\$

*This is not a determination of the eligible amount of your claim.  
It is merely a listing of the cash transactions relating to your investments with Defendants.*

### Amounts Received

*Please indicate every transaction in which you received money from one of the Defendants.*

| Date of Transaction | Transactional Information<br>(wire transfer, check, etc.) | Defendant and Transaction<br>Description or Note (if applicable) | Amount<br>(USD or local currency) |
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The total amount Received:                      \$