

I. Contact Information

First Name: *

Last Name: *

Address Street 1: *

Address Street 2:

City: *

State: *

Country:

Zip Code/Post Code: *

Daytime Phone: *

Evening Phone:

EMAIL: *

If Claimant is other than an individual, state the name of the entity on whose behalf you are making the claim and the name and capacity of the person completing this form (e.g. Officer, Director, Partner, etc.):*

*IF YOU ARE SUBMITTING A CLAIM ON BEHALF OF AN ENTITY, PLEASE DO NOT SUBMIT A DUPLICATE CLAIM INDIVIDUALLY. THIS WILL DELAY PROCESSING OF YOUR CLAIM.

II. Claim Information

1. Did you invest or pay any membership fee? : *

2. If yes to #1, which ProphetMax program did you join?:

3. If yes to #1, how much did you pay in membership fees only? Please respond in USD.:

4. Did you invest any other monies?: *

5. If yes to #4, how much money did you invest? Please respond in USD.:

6. How much money, if any, was charged back or returned to you?:

7. What currency did you invest with?:*

III. Claim Documentation

Identify the type(s) of documentation you are submitting to support your claim and attach to this form (you will be directed to a page to upload your documents after you submit): *

IV. Acknowledgment of Claimant

By submitting this form, Claimant acknowledges that they have read and agree to submit to the exclusive jurisdiction of the U.S. District Court for the Western District of Texas for all purposes associated with this Claim.

Claimant represents and warrants that the information contained herein is true, accurate and correct. Claimant specifically warrants that Claimant is the rightful and only owner or assignee of the claim submitted.

Acknowledgment of Claimant (Please check to show you have acknowledged the above).

V. Certification

By signing this form, Claimant certifies that the information is true and correct to the best of their knowledge and belief.

Electronic Signature (Please affix your signature to this document by typing your name. A typed name will have the full force and effect of a handwritten signature along with the Acknowledgement checked herein): *

Date: *

Electronic Signature::

Date: