

Third Party Payment Certification

Representatives of a third-party filing firm, submitting a claim on behalf of an investor, must confirm that the Distribution Payment received will be paid for the benefit of the harmed investor and no Payment or Deduction will be taken from the Distribution Payment prior to it being sent to the investor/beneficial owner.

Company Name

Street Address

State/Province

Zip Code

Foreign Postal Code (if applicable)

Foreign Country (if applicable)

Telephone Number

Email Address (email address is not required, but if you provide it you authorize the Distribution Agent to use it in providing you with information relevant to this claim)

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT:

1. THE ENTIRETY OF DISTRIBUTION PAYMENTS MADE PURSUANT TO THE COURT-APPROVED DISTRIBUTION PLAN IN THE CIVIL ACTION IDENTIFIED ABOVE WILL BE PAID TO THE HARMED INVESTORS/ BENEFICIAL OWNERS FOR WHOM (WHICH) I (WE) HAVE SUBMITTED CLAIMS;
2. THAT I (WE) WILL TAKE NO PAYMENT FROM THE DISTRIBUTION PAYMENTS; AND
3. THAT I (WE) WILL DEDUCT NO FEES OR EXPENSES OR ANY AMOUNT FROM THE DISTRIBUTION PAYMENT.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

 (Sign your name here)

 (Type or Print your name here)

 Capacity of person signing, e.g., executor, president, trustee, custodian, etc.