

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA  
ALEXANDRIA DIVISION

UNITED STATES SECURITIES AND EXCHANGE COMMISSION,  
Plaintiff,

v.

INTERNATIONAL FIDUCIARY CORP., S.A.,  
DANIEL ERIC BYER,  
MALCOLM CAMERON BOYD STEVENSON, and  
PRESTON DAVID PINKETT, II,  
Defendants,

TERRY MARTIN, CD2E, INC.,  
WINCHELL CORPORATION, M&M TECHNOLOGIES,  
ROBERT LOWREY, and SZE COAST OPERATING CORP.,  
Relief Defendants.

CASE NO. 1:06CV01354

Gerald Bruce Lee  
United States District Judge

**PROOF OF CLAIM FORM**

**DEADLINE FOR FILING PROOF OF CLAIM FORM.** This Proof of Claim Form must be actually received by the Receiver by no later than September 15, 2008, at 5:00 p.m., prevailing Eastern Standard Time. Failure to timely file a Claim shall result in a waiver of any rights to participate in any Distribution of funds through this Receivership.

**CLAIMANT CONTACT INFORMATION:**

Name of Claimant: \_\_\_\_\_

Name of Person Submitting Form  
(if different from Claimant): \_\_\_\_\_

Name and Physical Address Where Notices and Checks Should Be Sent:  
(Do NOT use list a Post Office Box)

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CLAIM STATUS:**

Check box if you have never received any notices from the Receiver.

Check box if the address differs from the address on the envelope sent to you by the Receiver.

Check here if this Proof of Claim Form:

amends

replaces

supplements

a previously filed Proof of Claim Form, dated: \_\_\_\_\_.

Check box if you are aware that anyone else has filed a Proof of Claim Form relating to your Claim. (*Attach statement giving particulars.*)

**SEND PROOF OF CLAIM FORM TO:**

**Mailing Address:**

Roy M. Terry, Jr.  
Post Office Box 2187  
Richmond, Virginia 23218  
USA

**Address for Overnight Delivery:**

DuretteBradshaw PLC  
Main Street Centre, 20<sup>th</sup> Floor  
600 East Main Street  
Richmond, Virginia 23219  
USA

**THIS SPACE IS FOR RECEIVER'S USE ONLY:**

**Claim No:**

## **INSTRUCTIONS**

### **1. Where to File Proof of Claim.**

This form must be completed in accordance with the instructions below and timely filed with the Receiver. The Receiver's mailing address is Post Office Box 2187, Richmond, Virginia 23218, USA. The Receiver's address for overnight delivery is DuretteBradshaw PLC, Main Street Centre, 20<sup>th</sup> Floor, 600 East Main St., Richmond, Virginia 23219, USA. A mailed original Proof of Claim Form is required; fax and electronic copies will not be accepted.

### **2. Deadline for Filing Proof of Claim.**

The deadline for filing this Proof of Claim is September 15, 2008, at 5:00 p.m., prevailing Eastern Standard Time. Any Proof of Claim not filed with the Receiver on or before the deadline will be considered untimely and may result in disallowance of the Claim.

### **3. General Information – Plan of Distribution.**

The United States Securities and Exchange Commission ("SEC") filed a complaint in the United States District Court for the Eastern District of Virginia that alleged defendants International Fiduciary Corp, S.A. ("IFC"), Malcolm Cameron Boyd Stevenson, Daniel Eric Byer and Preston David Pinkett II, orchestrated a massive fraud in which they raised at least \$40 million from investors in the United States and Canada. Investors were sold investment contracts, usually with a \$100,000 minimum, to share in returns from an "asset growth program" which purportedly would generate funds by sophisticated trading through "1st Tier Medium Term Bank Notes." The SEC alleged that Stevenson, Byer and Pinkett diverted at least \$13.9 million of investor funds to themselves and entities unrelated to the investment program. Other marketers promoting IFC may have received \$4.6 million or more. Judgments have been entered against IFC, Stevenson, Byer and Pinkett. In an amended Complaint, the SEC also named Terry Martin, CD2E, Inc., Winchell Corporation, M&M Technologies, Robert Lowery, and SZE Coast Operating Corp. as Relief Defendants holding or controlling funds that represent fruits of securities law violations.

In addition to securing a court ordered freeze of IFC's assets, the SEC requested the appointment of a receiver by the Court to assist in marshalling assets on behalf of the injured investors. SEC-initiated receiverships frequently arise in connection with pyramid marketing schemes (also known as "Ponzi" schemes). The Court overseeing this receivership has broad powers and wide discretion to determine the appropriate relief.

The Court, upon the request of the SEC, entered an Order on January 19, 2007, appointing Roy M. Terry as Receiver, and directing him to (i) oversee the marshalling of investor funds alleged to have been in the possession of IFC and others, and (ii) develop and implement a plan for distributing these funds to their rightful owners.

The Court has approved the Summary Procedures for Claims Administration and Plan of Distribution (hereinafter referred to as the Plan of Distribution), which provides for the Receiver to distribute funds to injured investors on a pro rata basis, and sets forth the procedures for Claims to be administered by the Receiver. A copy of this Plan of Distribution is enclosed along with this Proof of Claim Form. ***You should read the Plan of Distribution prior to completing this Proof of Claim Form.***

### **4. Defined Terms – Generally.**

Terms used in this Proof of Claim Form shall have the same meaning set forth in the Summary Procedures for Claims Administration and Plan of Distribution, as may be supplemented, amended or modified by the Court.

### **5. "You" or "Your".**

The terms "you" or "your," contained in this Proof of Claim Form, refer to the Claimant on whose behalf the Proof of Claim Form is being submitted.

### **6. Who Should File a Proof of Claim Form:**

***"Investors of Record."*** The Plan of Distribution defines an Investor of Record as a Person shown to be an investor in the books and records associated with a trading program involving IFC. If you believe that you invested funds directly into such Program and suffered financial injury as a result of your participation in the Program, you should complete and timely submit this Proof of Claim Form to the Receiver. The Plan of Distribution provides that Distributions of Receivership Property are to be paid to the Actual Beneficial Owner of the funds invested in the Program. The Receiver is aware that some of the Investors of Record are not the Actual Beneficial Owners of all of

*All information is provided under penalty of perjury.*

**Please Initial:** \_\_\_\_\_

the funds they invested, but were raising funds from “**Sub-Investors**” and then investing those funds through the name of an Investor of Record, or were pooling funds received from a number of “**Sub-Investors**” under the name of an Investor of Record. The Proof of Claim Form requires all Claimants who are Investors of Record to identify the Actual Beneficial Owners of the funds invested, and to set forth their investment history. Failure to cooperate with the Receiver’s efforts to determine the Actual Beneficial Owners of the funds invested in the Program may result in total forfeiture by the Investor of Record of that portion of the investment for which the Investor of Record claims to be the Actual Beneficial Owner. Conversely, to the extent that an Investor of Record cooperates substantially in the Receiver’s efforts to identify and return funds to the appropriate Actual Beneficial Owner, the Receiver is empowered to recommend departures from the penalties imposed under the terms of the Plan of Distribution for “**Substantial Marketeters**” and “**Insubstantial Marketeters,**” as those terms are defined in the Plan of Distribution. To the extent that you are an Investor of Record, but are not the Actual Beneficial Owner of any of the funds invested, you should still file a Proof of Claim Form, identifying your Sub-Investors and providing information relating to their investments.

“**Sub-Investors.**” The Plan of Distribution defines a Sub-Investor as a Person whose funds were invested in the IFC Program by an Investor of Record. A Sub-Investor is not necessarily the Actual Beneficial Owner of the funds invested. If you believe that you were a Sub-Investor in the Program (i.e., that an IFC Investor of Record invested your funds in the Program in its own name), you are also strongly encouraged to file a Proof of Claim Form. As discussed above, the Plan of Distribution requires the Receiver to determine and allocate funds to the Actual Beneficial Owner of the funds invested in the Program. The Receiver is aware that some Sub-Investors may not currently be aware that their funds have been invested in the Program. For this reason, a Sub-Investor’s failure to timely file a Proof of Claim Form may not result in an automatic disqualification from participation in the Distribution of Receivership Property.

**7. Separate Proof of Claim Form for Each Claimant.**

Each Investor of Record and Sub-Investor in the IFC Program should file a Proof of Claim Form. If you are a Sub-Investor who invested through more than one Investor of Record, you must file a separate Proof of Claim Form for each Investor of Record through which you invested funds in the Program. If you are an Investor of Record in the Program, but are not the Actual Beneficial Owner of all of the funds invested, you should first complete the Proof of Claim Form with respect to your direct investment in the Program. You should then, identify in your Proof of Claim Form each Sub-Investor whose funds you invested into the program, providing detailed information and supporting documentation consistent with the Questionnaire below, showing all funds that you received from and paid to each such Sub-Investor in connection with the Program. If you are a Sub-Investor whose funds were invested through an Investor of Record other than yourself, you should supply detailed information concerning your investment of funds.

**8. Information and Documentation to be Provided by Claimant.**

Each item of information and documentation requested in this Proof of Claim Form will be used by the Receiver in determining each Claimant’s eligibility to participate in any Distribution of Receivership Property, and in calculating the appropriate amount of each Allowed Claim. Please be as detailed and complete as possible with regard to submissions and accounts attached to this form, as it may affect both your eligibility to participate and the amount of your Allowed Claim. *Providing false, misleading or incomplete information or incomplete documentation will delay any disbursement made from this Receivership Estate and could jeopardize your Distribution altogether.*

**9. No Blank Answers.**

If a particular item does not apply to you specifically, write “not applicable.” If you do not know the answer to a particular item, write “not known.” *Do not leave a question blank. Use additional pages as necessary to provide complete responses.*

**10. Claimant Contact Information.**

Complete the Claimant Contact Information section on the first page of this Proof of Claim Form, giving the name, address, telephone number, and e-mail address of the Claimant to whom the Receivership Entity allegedly owes money or property. It is your responsibility to notify the Receiver of any changes in your Claimant Contact Information.

*All information is provided under penalty of perjury.*

**Please Initial:** \_\_\_\_\_

**11. Identification of Actual Beneficial Owners of Funds Invested in the Program.**

To the extent that you are an Investor of Record in the Program, but are not the Actual Beneficial Owner of all of the funds that you invested in your name, you should indicate that you are not the Actual Beneficial Owner of all of the funds that you invested, and provide contact information for each separate Sub-Investor whose funds you invested in your name. To the extent that you are a Sub-Investor whose funds were invested in the name of a different Investor of Record, you should so indicate. *The Plan of Distribution provides that Distributions of Receivership Property shall be made to the Actual Beneficial Owner(s) of the funds invested, even if the funds were invested through a different Investor of Record. Failure to properly identify the Actual Beneficial Owner(s) of the funds invested may disqualify you from participation in the Distribution of Receivership Property.*

**12. Supporting Documents Relating to Actual Beneficial Ownership of Funds Invested.**

Pursuant to the terms of the Plan of Distribution approved by the Court, the Receiver requires that all Persons submitting a Proof of Claim Form identify and provide supporting documentation verifying the source and Actual Beneficial Owner of the funds invested. To the extent that any portion of the funds invested by you are beneficially owned by some Person other than yourself, you must so indicate and provide the Receiver with contact information for each such Person, describe the relationship between you and each such Person, and provide all documents relevant for each such Person holding a beneficial interest in your investment in the Program with respect to which you are making a Claim, and current contact information for each such Person. For example, if your investment constitutes a pooling of funds that you received from others, you must so indicate and provide the information required in this instruction.

***DO NOT SEND ORIGINAL DOCUMENTS AT THIS TIME.***

**13. Claim Status.**

If you have never received any notices from the Receiver about this case, and/or if the address differs from the address on the envelope sent to you by the Receiver, check the appropriate boxes on the form. If this Proof of Claim Form changes, replaces or supplements a Proof of Claim Form previously filed by you, check the appropriate box on the form and provide the date the previous Proof of Claim Form was filed. Furthermore, check the appropriate box if anyone else has filed a Proof of Claim Form relating to your Claim, and in an attached statement provide particulars such as who filed the related Proof of Claim Form, its date, amount and, if known, Claim Number.

**14. Details Regarding Investments and Returns in the Program – Schedule A.**

With respect to any investment(s) as to which you are asserting a Claim, whether as an Investor of Record or a Sub-Investor, you must complete Schedule A according to the instructions provided with respect thereto. Use additional sheets as necessary. Only include in this Schedule all monies actually transferred, directly or indirectly, into the Program, and all monies actually received, directly or indirectly, from the Program. This includes principal amounts invested, Principal Returns, and Profit Payments received by you. Your Schedule A should **not** include undistributed profits or capitalized profits (*i.e.*, roll-over of undistributed profits into principal). However, if funds were rolled-over from the IFC Program to another investment program, you must provide those details. If you are a Sub-Investor, the Receiver does not expect you to be able to track the transfer of your funds into the Program. Instead, your Schedule A should identify the accounts into which you deposited your investments, all receipts of Profit Payments and any Principal Returns received by you, and the source of those distributions, if known.

***FAILURE TO IDENTIFY ALL FUNDS RECEIVED BY YOU IN CONNECTION WITH YOUR INVESTMENT MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM.***

**15. Supporting Documents Relating to Investment.**

You must attach to this Proof of Claim Form all documents that show the Receivership Entity owes the obligation claimed. These documents must be sufficient to show the source of the funds invested in the Program, the amounts and dates of funds deposited, and the amounts and dates for each payment of funds received from the Program. (For example, you may want to attach copies of cancelled checks (front and back), wire transfer instructions, wire transfer confirmations, money orders, bank statements, itemized account statements, etc.) If documents are not available, you must attach an explanation as to why they are not available.

***You are required to submit monthly statements for each and every account at any bank or other financial institution from which you made any investment into the Program or received distributions from such Program for the period commencing the date on which you invested funds from such account and continuing through March 31, 2007.***

*All information is provided under penalty of perjury.*

**Please Initial:** \_\_\_\_\_

*Please make sure that you sequentially label all the documents that you produce to the Receiver in connection with your Claim, to ensure that both you and the Receiver have the same record of documents received, and in order to maintain some integrity and order among the documents the Receiver receives from among numerous documents. The Receiver recommends that you label on the bottom right hand corner of each document using your initials and beginning with the number 001 (e.g., for John Q. Smith, the first page of the production of documents would be labeled "JQS001" the second page "JQS002" and so on). Labeling by hand is acceptable.*

**DO NOT SEND ORIGINAL DOCUMENTS AT THIS TIME.**

**16. Details Regarding "Introducing Party" Fees/Commissions – Schedule B.**

The Receiver is aware that some Claimants have received "introducing party" fees, commissions, portions of Profit Payments on amounts invested by other IFC Investors, administrative fees, or other payments received apart from any Profit Payments or Principal Returns. These amounts are referred to collectively as "Commission Payments", and were typically received by Persons as consideration for introducing other investors to the Program, either directly or indirectly. Any Claimant who has received any Commission Payments must identify all such payments received on the attached Schedule B. The Receiver is aware that some of these payments may have been further distributed by a Claimant to other Marketers or introducing parties, and Schedule B requires such information. Claims will be adjusted to account for these payments.

***FAILURE TO IDENTIFY ALL COMMISSION PAYMENTS MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM.***

**17. Questions Seeking Additional Information Relating to Your Investment.**

Please answer the questions to the best of your ability. This will assist the Receiver and SEC with their investigation efforts, and may lead to the recovery of additional assets.

**18. Signatures – Legal Authority to Submit Claim.**

The Proof of Claim Form must be signed and dated by the Claimant, or a duly authorized officer or legal representative in the space provided on the final page. To the extent that the signatory is authorized pursuant to a power of attorney or court appointment, documentation of such authority must be provided.

**19. Certification as to Truthfulness.**

A Person signing the Proof of Claim Form is certifying, under penalty of perjury, that all of the information contained in the Proof of Claim Form is correct, to the best of such Person's knowledge, and that such Person is authorized by the Claimant to submit the Proof of Claim Form on the Claimant's behalf. Furthermore, by signing and filing this Proof of Claim Form, you are stating under oath that you have given the Receivership Entity credit for ALL payments received from any Receivership Entity or any other third-party.

**20. Communications with Receiver.**

Any questions about this form or process (including supporting documentation) should be made by e-mail to [sryan@durettebradshaw.com](mailto:sryan@durettebradshaw.com) or in writing to the Receiver's office, DuretteBradshaw PLC, Attn: Stephanie Ryan, Main Street Centre, 20<sup>th</sup> Floor, 600 East Main Street, Richmond, Virginia 23219, USA. If you have information that you believe may be helpful to the Receiver, the SEC or any other law enforcement agencies, we encourage you to contact the Receiver at the above e-mail address.

**21. Acknowledgement of Filing Proof of Claim.**

To receive an acknowledgement of the receipt of your Claim, enclose a stamped, self-addressed envelope or postcard with your Proof of Claim Form.

**22. Cooperation with Law Enforcement Authorities.**

Pursuant to the Plan of Distribution, failure to cooperate with law enforcement authorities in the United States, Canada, or any other country investigating possible unlawful activity relating to the Program or any other activities relating to any investment program involving or otherwise relating to IFC, Malcolm Cameron Boyd Stevenson, Daniel Eric Byer, Preston David Pinkett II, or any other Persons acting in concert with any of them, may result in your disqualification from participation in the Distribution of Receivership Property.

*All information is provided under penalty of perjury.*

**Please Initial:** \_\_\_\_\_

**23. Verification of Claims – Additional Information.**

All Claims are subject to independent verification by the Receiver. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to provide additional information to complete this process. In addition, some Claimants may be asked to complete, date, execute and submit to the Receiver a Consent to Release Financial Records with respect to any and all accounts at any financial institution into which any Claimant received funds or from which any Claimant paid funds in connection with the Program, or any successor or related investment program.

***FAILURE TO PROVIDE ALL REQUESTED INFORMATION OR DOCUMENTATION WILL DELAY ANY DISBURSEMENT MADE FROM THIS RECEIVERSHIP AND COULD JEOPARDIZE YOUR DISTRIBUTION ALTOGETHER.***

**24. Requests for Additional Information or Documentation.**

The Receiver may require additional information or documentation. By submitting a Proof of Claim Form, each Claimant agrees to cooperate with the Receiver in these requests.

***Failure to provide all such requested information or documentation may result in delays in the claims process or in the partial or complete disqualification of your claim.***

**25. Computing Your Claim Amount.**

You are not being requested at this time to state an amount for which you wish to receive an Allowed Claim. Using the information provided in and with your Proof of Claim Form, the Receiver will determine the amount of your Allowed Claim, if any, and will provide notice to you of such determination, as well as how you might object to the Receiver's determination, in accordance with the Plan of Distribution.

**QUESTIONNAIRE**

***Before completing this form, please read the foregoing Instructions, and also the Summary Procedure for Claims Administration and Plan of Distribution, provided to you along with this Proof of Claim Form.***

*Providing false, misleading or incomplete information or incomplete documentation will delay any disbursement made from this Receivership Estate and could jeopardize your Distribution altogether.*

**Section I – Affiliations and Related Parties**

*Check the appropriate box for each question. If the answer to any question is yes, please attach an explanation giving details.*

- |    | <b>Yes</b>               | <b>No</b>                |   |
|----|--------------------------|--------------------------|---|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | Are you an Affiliate (as defined in the Plan of Distribution) or related in any way to any of the Defendants or Relief Defendants?  |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a present or former officer, director, owner, employee or agent of any of the Defendants or Relief Defendants?  |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | Are you the legal representative, heir, successor, or assignee of any of the Defendants or Relief Defendants?   |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates, or related parties directly or indirectly sell or otherwise market any investments for any of the Defendants or Relief Defendants?   |
| E. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates, or related parties directly or indirectly recommend any investments for any of the Defendants or Relief Defendants (including refer anyone to a salesperson, provide a list of names of possible investors, tell others about the investment, etc.)? |

***All information is provided under penalty of perjury.***

**Please Initial:** \_\_\_\_\_

- F.           Did you or your company or any of your officers, directors, employees, agents, affiliates, or related parties receive any money or other compensation or benefit of any nature (such as a Commission, commission, referral fee, finder's fee, promoter fee, credit on an investment, gift or present) directly or indirectly from any of the Defendants, Relief Defendants, or any other Person connected to the Program?

## **Section II – Relationship of Claimant to Program**

*Please review Instructions 6 and 11 carefully before completing this section.*

*Check the appropriate box for each question, and supply additional information as requested*

**Yes No**

- G.           Did you invest any funds directly and in your own name into the Program (i.e., were you an "Investor of Record" as that term is defined in the Plan of Distribution)?
- H.           Did you invest funds indirectly into the Program through another Person (i.e., were you a "Sub-Investor", as that term is defined in the Plan of Distribution)? *(If the answer to this question is YES, please state the name of the Person through which your funds were invested in the Program, and provide the contact information sought below.)*

Person through which funds were invested: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- I.           Are you the Actual Beneficial Owner of all of the funds that you invested in the Program? *(If you are not the Actual Beneficial Owner of the funds invested, please attach a list of all Sub-Investors whose funds you invested in the Program, and, for each Sub-Investor: (i) provide current contact information; (ii) set forth the entire investment history of such Sub-Investor including all payments received from such Sub-Investor and all payments made to such Sub-Investor; and (iii) produce all documents in your possession relating to such Sub-Investor's investment. To the extent that you were the Actual Beneficial Owner of some but not all of the funds that you invested in the Program, you should check "NO," and provide separate investment histories with respect to both the aggregate investment made by you and the component of such investment that comprises funds that you beneficially owned.)*

- J.           Did you enter into any written agreement(s) relating to your investment?

- K.           Do you possess a copy of such written agreement(s)? *(If the answer to this question is YES, please produce copies of all such agreement with your Proof of Claim Form.)*

***All information is provided under penalty of perjury.***

**Please Initial:** \_\_\_\_\_

L.             Did you ever send or receive any written communication(s) relating to your investment?

M.             Do you possess a copy of such written communication(s)? *(If the answer to this question is YES, please produce copies of all such communications with your Proof of Claim Form.)*

### **Section III – Investment History – Schedule A**

*All Claimants must complete Schedule A – Investment History.*

*Please review Instruction 14 carefully before completing this schedule.*

*You should attach additional sheets as necessary.*

**YOUR CLAIM WILL NOT BE CONSIDERED UNLESS YOU COMPLETE SCHEDULE A.**

### **Section IV – Documents Relating to Investment History**

*Please review Instructions 14 and 15.*

*All Claimants must provide documentation verifying their investment history, including the submission of periodic (e.g., monthly, quarterly, etc.) bank statements showing all receipts and payments of any funds relating to the Program, bank detail (such as wire transfer confirmations and fronts and backs of checks), and any and all correspondence reflecting, confirming or otherwise relating to receipts and payments of funds. This includes, but is not limited to, bank records for each account out of which funds were invested or into which any payments were received for the period from the date of your first investment to March 31, 2007.*

### **Section V – “Introducing Party” Fees/Commissions – Schedule B**

*All Claimants who have received any “introducing party” fees, commission or payments in connection with the Program must complete Schedule B – “Introducing Party” Fees, Commission or Other Payments.*

*Please review Instruction 16 carefully before completing this schedule.*

*You should attach additional sheets as necessary.*

**FAILURE TO IDENTIFY ALL SUCH PAYMENTS MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM.**

### **Section VI – Additional Information**

*Please review Instruction 17 carefully before completing this section.*

*Please attach additional documents as needed.*

N.      Who introduced you into the Program?

O.      If you had questions regarding the investment that is the source of your Claim, who would you contact and what is your understanding of the role(s) of such Person(s)?

*All information is provided under penalty of perjury.*

**Please Initial:** \_\_\_\_\_

P. Please check the appropriate box:

- The Claimant entered the Program via International Fiduciary Corp., S.A., a Belize Corporation.
- The Claimant entered the Program via International Fiduciary Corp., S.A., a Virginia Corporation.
- The Claimant entered the Program via International Fiduciary Corp., S.A., but does not know whether International Fiduciary Corp., S.A. was chartered in Belize or Virginia.

Q. Did anyone assist you in participating in this Program by facilitating the creation of companies, opening bank accounts, or assisting in the movement of money? If so, who and what functions did they provide.

R. Please describe how your distributions from IFC were received (e.g., into your personal account, a corporate account, or a third-party intermediary). If the payments were made by or on behalf of IFC into a bank account outside your immediate control, how were such the funds accessed?

**Yes No**

S.   Since December 4, 2006, have you communicated with anyone involved with the Program regarding your investment? *(If the answer to this question is YES, please provide a narrative of the details.)*

T.   Have you made any attempts to retrieve your investment in the Program apart from any attempts made through this claims process? *(If the answer to this question is YES, provide a narrative of all such attempts, with whom you communicated, the response you received, and produce all documentation of any such attempts. If you have filed any Claim with any court or in any proceeding, please identify what you have filed and where, and provide copies of any and all documentation submitted in connection with any such Claim.)*

U.   Have you rolled-over your investment in the Program into a new investment program. *(If the answer to this question is YES, provide a narrative of such rollover, with whom you communicated, the response you received, and produce all documentation of any such roll-over.)*

V.   Are you aware of any other information regarding IFC, the Defendants, Relief Defendants or Persons related to the Program that may be of interest or assistance to the Receiver or investigators (including the SEC)? *(If the answer to this question is YES, provide a narrative of such information.)*

*All information is provided under penalty of perjury.*

**Please Initial:** \_\_\_\_\_

**Certification of Truthfulness**

I, the undersigned, hereby certify, under penalty of perjury, that all of the information provided in this Proof of Claim Form, including all Schedules and attachments to the Proof of Claim, is true and correct and that the undersigned is authorized to make this Claim. By initialing each item below, I specifically certify that:

		<b><u>Initial</u></b>
1.	I have read the Instructions to the Proof of Claim Form and the Summary Procedures for Claims Administration and Plan of Distribution <b>prior</b> to completing the Proof of Claim Form.	_____
2.	I have identified, to the best of my knowledge, the Actual Beneficial Owners of the funds that I invested in the Program or any related investment program.	_____
3.	I have identified in Schedule A to the Proof of Claim Form all of my investments into the Program or related investment program, and all Profit Payments and Principal Returns that I have received at any time since the beginning of my participation in such investment program to the present.	_____
4.	I have identified in Schedule B to the Proof of Claim Form all “Commission Payments” that I have received in connection with my direct or indirect introduction of investors into the Program or any related investment program.	_____
5.	I acknowledge a duty on my part to supplement or amend this Proof of Claim Form to disclose a material change with respect to any answer or information provided in connection herewith.	_____

Signed, under penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

***[Sign and print your name, and state the name of the Claimant on whose behalf you are submitting this Claim. If you are signing on behalf of the Claimant, state your relationship to the Claimant, the basis for your authorization to sign on behalf of claimant, and attach any power of attorney or other relevant authorization.]***

**SCHEDULE A**

**INVESTMENT HISTORY**

(Use additional sheets as necessary)

Name of Claimant: \_\_\_\_\_

Date of Transaction (month/day/year)	Funds invested into Program (\$ amount)	Payments received from Program (\$ amount)	Bank account information (include name of bank, branch, account holder name, account #)	Method of investment/payment (e.g., check, wire transfer)	Counterparty (e.g., IFC, McCandless)	Counterparty bank information, if known (include name of bank, branch, account holder name, account #)	Are you producing along with your Proof of Claim Form documents reflecting or relating to this transaction? (Yes or No)

*All information is provided under penalty of perjury.*

Please Initial: \_\_\_\_\_

**SCHEDULE B**

**COMMISSION PAYMENTS**

(Use additional sheets as necessary)

Name of Claimant: \_\_\_\_\_

Date of Transaction  (month/day/year)	Amount of Commission Payments received  (\$ amount)	Bank account information for Claimant Account into which payment received  (include name of bank, branch, account holder name, account #)	Payor Name  (e.g. IFC, Stevenson Byer, Pinkett, McCandless)	Bank account information re payor of Commission Payments if known  (include name of bank, branch, account holder name, account #)	Transfers of Funds by Claimant to Other Marketers /Introducing Parties  (\$ amount)	Name of Recipient of Commission Payments transferred by Claimant	Counterparty Bank information, if known  (include name of bank, branch, account holder name, account #)	Are you producing along with your Proof of Claim Form documents reflecting or relating to this transaction?  (Yes or No)

*All information is provided under penalty of perjury.*

Please Initial: \_\_\_\_\_