

In Re: All Funds on Deposit in Account Number 000669829075
in the name of MM ACMC Banque De Commerce, Inc.,
at NationsBank, N.A., Consisting of \$18,756,420.97, More or Less
C.A. No. 3:98mc96-MCK

George and Dolores Rollar, Plaintiffs, v. United States of America, et al.,
Defendants, v. Richard Vasquez, Intervener, C.A. No. 3:01CV205-MCK

OFFICIAL COURT-APPROVED CLAIM FORM

*** You must complete and return this form within 60 days after it is mailed to you.***

My Full Name Is: _____
(Please print) (Last) (First) (MI)

Social Security Number: _____ - _____ - _____

Home Address: _____
(Street) (City) (St) (ZIP)

Mailing Address: _____
(If different from Home) (Street) (City) (St) (ZIP)

Home PH:() _____ **Work PH:** () _____ **Cell PH:** () _____

Email: _____ **Other:** _____

The Individual I invested with is: _____

The Entity my contract is with is: _____

When I invested I put the following name on my contract: _____
Indicate any corporate or other names you used when investing.

My contract is dated: _____

When I invested I sent my funds to the following bank and account number: _____

The total amount of my investment is: \$ _____ (1)
This includes monies you paid by cash, check or wire transfer. Do not include unearned interest or any rollover/reinvestment amounts. If you had multiple investments, make copies of this form and submit a separate claim for each investment.

The total I received back from my investment as either a return of principal or as an interest payment is: \$ _____ (2)

Claim form continued...

Please provide a breakdown of these returns:
(Use separate paper and attach to claim form if necessary)

Date	Amount	Principal/Interest?
_____	_____	_____
_____	_____	_____
_____	_____	_____

The total of any other monies or benefits I received is:

\$ _____ (3)

I.E. Override payments, commission fees, referral fees, funds withdrawn, etc.
Please provide a break down of these monies below.
If you received non-monetary returns such as gifts or favors also list those here
and estimate a value for those.

(Use separate paper and attach to claim form if necessary)

Date	Amount	Purpose of Funds
_____	_____	_____
_____	_____	_____

My Total Claim on this Investment is:

\$ _____ (4)

Compute this amount by starting with your investment amount (1), subtract interest/principal
payments received (2), & subtract other payments (3). This will be your net claim amount (4).

**Does this investment include any money provided by anyone other
than yourself, such as a partnership or an investment pool?**

(Circle one) YES / NO

If YES, please provide name, address, contact phone number, and amount invested:

(Use separate paper and attach to claim form if necessary)

Additional Information: (Use separate paper and attach to claim form if necessary)

Claim form continued...

If you are aware of any other investors please feel free to provide them with a copy of this claim form and/or list them in the additional information section so we can contact them.

IMPORTANT: Please provide copies of these documents along with this claim form:
(Failure to supply any of these documents may result in the disallowance of your claim)

- Copy of your investment contract or other documents you signed when you invested.
- Proof of your investment amount. (Copy of your checks, cashier checks, money order, wire transfers, bank statements and/or receipts.)
- Proof of any return or monies you received. (Copy of your checks, cashier checks, money order, wire transfers, bank statements and/or receipts.)

ALSO:

- **DO NOT SEND** your completed claim form to the court, this will only delay the claim process.
- We highly recommend that you send your completed claim form to us via certified mail.
- Once we receive your claim form, a postcard will be sent to you confirming receipt of your claim. IF you **DO NOT** receive a postcard from us within 10 days of submitting your claim, it is **YOUR RESPONSIBILITY** to contact us immediately to correct the problem. It is strongly recommended that you keep a copy of the completed claim form for your records.
- **IT IS YOUR RESPONSIBILITY** to advise us of any address or phone changes.
- For more information or to monitor the status of the case, please refer to the Receivership Website:
www.secreceiver.com

PLEASE READ: By signing below I declare under penalty and perjury of law that I have a claim in the amount set forth above and to the best of my knowledge all information provided on this claim form and any attachments is correct and factual as I know it.

Claimant (Please sign)

Date

*****You must complete and return this form within 60 days after it was mailed to you.*****

Please return to:

Quilling, Selander, Cummiskey & Lownds, P.C.
Attn: Stephen Tomasky
2001 Bryan St, Ste 1800
Dallas, TX 75201