



Indiana Secretary of State Securities Division

Restitution Fund Claim Application

PLEASE CHECK THE APPROPRIATE BOXES

Affirmation of Non-Participation

- I am the victim, and I affirm that I did not participate in, attempt to participate in, or profit from the activity giving rise to the securities violation.
- I am not the victim, but I affirm that the victim did not participate in, attempt to participate in, or profit from the activity giving rise to the securities violation.

Affirmation of Incomplete Restitution

- I am the victim, and I affirm that I have not received the entire amount of restitution provided in the Securities Restitution Order.
- I am not the victim, but I affirm that the victim has not received the entire amount of restitution provided in the Securities Restitution Order.

PLEASE SUPPLY THE FOLLOWING INFORMATION ABOUT THE RESTITUTION ORDER

Cause/Case/Docket Number:	Restitution Order Date:	Amount of Restitution received to date: \$
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Applicant Status Victim Representative Executor of Estate Heir to Estate

Did the Securities Violation occur on or after July 1, 2010? Yes No

Was the Securities Restitution Order a result of a FINRA arbitration? Yes No

The state of residency of victim at time of Securities violation:

The current residency of victim: (if applicable, enter deceased)

The state in which the Securities violation occurred:

The state in which the Securities Restitution Order was issued:

VICTIM INFORMATION*		
Name		Email Address (<i>required, see Additional Information</i>)
Street Address		City
State	Zip Code	Phone Number
If victim is deceased, what is the status of the estate? <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> No probate proceedings and/or no will		

***Note:** *If the victim is deceased, please leave contact information blank*

CLAIMANT INFORMATION**		
Name		Email Address (<i>required, see Additional Information</i>)
Street Address		City
State	Zip Code	Phone Number

****Note:** *If you are the victim of the Securities violation, please skip this section*

ADDITIONAL INFORMATION
<p>Email is required as the applicant will receive all future correspondence regarding the claim via email.</p> <p>As set forth in Ind. Code § 23-20-1-13, the Division may request additional information to verify the identity of the victim and/or claimant (e.g. Social Security Number).</p>

SIGNATURES

I affirm that all of the foregoing responses are true.

Pursuant to Ind. Code § 23-20-1-31, a person commits a Level 5 felony if the person knowingly makes or causes to be made: (1) in any document filed with the Securities Division; or (2) in any proceeding; under this chapter any statement that is false or misleading in any material respect.

X _____
Signature of Victim (*if deceased, leave blank*) _____ Date _____

X _____
Signature of Claimant (*if victim, leave blank*) _____ Date _____

MAILING INSTRUCTIONS

The following documentation must be mailed along with the application:

1. Final Order: a copy of the Court or Administrative Order awarding restitution to the victim.
2. Photo ID: a copy of claimant's Driver's License or government issued photo identification
3. Proof of address: a copy of one or more documents connecting the victim to the reported address (e.g. utility bill, W-2, voided check, etc.)

If the victim is deceased, and an executor or heir is completing the application, the following documents are needed, in addition to the three documents listed above:

Open Estate:

1. Copy of the death certificate of the victim
2. Copy of the Letters Testamentary and/or Letters of Administration
3. Federal ID Number for the estate

Closed Estate:

1. Copy of the death certificate of the victim
2. Copy of the Letters Testamentary and/or Letters of Administration
3. Notarized affidavit signed by executor/administrator to collect and distribute funds to the entitled heirs
4. Copy of the Final Report of Distribution or Closing Statement

Intestate Succession/No Probate:

1. Copy of the death certificate of the victim
2. Small Estate Affidavit
3. Copy of deceased's obituary

In addition to the required documents above, claimant can optionally submit other documents that might assist the Division in the processing of the claim.

Please mail the completed form, along with **copies** of any supporting documentation, to:

Indiana Securities Division
ATTN: Securities Restitution Fund
302 West Washington Street, Room E-111
Indianapolis, IN 46204