





Class Member ID: 3101300000000

1. **You must** sign the release and certification on page 6. If this Proof of Claim is being submitted on behalf of multiple claimants, then all claimants must sign.
2. Please do not highlight any portion of the Proof of Claim.
3. Do not send original investment certificates or documentation. These items cannot be returned to you by the Claims Administrator.
4. Keep copies of the completed Proof of Claim and documentation for your own records.
5. You will not receive confirmation of receipt of your Proof of Claim; if confirmation is desired, please send your Proof of Claim via Certified Mail, Return Receipt requested.
6. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator in writing and submit proper, supporting documentation for proof of the change.
7. If you have any questions or concerns regarding your Proof of Claim, please contact the Claims Administrator at the above address or call 1-855-711-8800.



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MUST BE  
POSTMARKED  
NO LATER THAN  
MARCH 25, 2019

### Proof of Claim and Release

SPAUDE V. PHILLIPS MURRAH

For Office Use Only

### PART I—CLAIMANT INFORMATION

#### I. CLAIMANT INFORMATION

Part 1 – Complete this Section only if the Investor is an individual, joint, UGMA, UTMA or IRA account. Otherwise proceed to Part 2.

Name (Investor)		
First: <input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>
Name (Joint Beneficial Owner, if applicable)		
First: <input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>
Name of Custodian, if applicable		
First: <input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>
If this account is an UGMA, UTMA or IRA, please include "UGMA", "UTMA", or "IRA" in the "Last" box above (e.g., Jones IRA).		

Part 2 - Complete this Section ONLY if the investor is an entity; i.e., corporation, trust, estate, etc.

Entity Name <input type="text"/>
Name of Representative (Executor, Administrator, trustee, corporate officer, etc.) <input type="text"/>

Part 3 – Account/Mailing Information:

Address <input type="text"/>		
<input type="text"/>		
City <input type="text"/>	State <input type="text"/>	ZIP <input type="text"/>
Foreign Province <input type="text"/>	Foreign Country <input type="text"/>	
Day Phone <input type="text"/>	Evening Phone <input type="text"/>	
Email <input type="text"/>		
Social Security Number (for individuals) <input type="text"/>	OR	Taxpayer Identification Number (for estates, trusts, corporations, etc.) <input type="text"/>

Check Appropriate Box:  Individual  Corporation  Joint Owners  IRA  Trust  Other \_\_\_\_\_



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**PART II—INVESTMENT INFORMATION**

II. INVESTMENT INFORMATION

Separately list each and every investment in any Quantum or Quanecco offering on or after October 5, 2005:

Date of Investment (Trade Date)	Investment Purchased	Unit Price	Total Cost
□□-□□-□□□□		□□□□.□□	□□□□□□.□□
□□-□□-□□□□		□□□□.□□	□□□□□□.□□
□□-□□-□□□□		□□□□.□□	□□□□□□.□□
□□-□□-□□□□		□□□□.□□	□□□□□□.□□
□□-□□-□□□□		□□□□.□□	□□□□□□.□□
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**PART III—RELEASE AND CERTIFICATION**

On behalf of myself (ourselves) or the beneficial owner, I (we) am (are) authorized to file this Proof of Claim, and on behalf of each of my (our, his, her, its) heirs, agents, executors, trustees, administrators, predecessors, successors, and assigns, I (we, he, she, it) hereby acknowledge that as of the Effective Date as defined in the NOTICE OF (I) PROPOSED SETTLEMENT OF CLASS ACTION; (II) SETTLEMENT FAIRNESS HEARING; AND (III) MOTION FOR AN AWARD OF ATTORNEYS’ FEES AND REIMBURSEMENT OF LITIGATION EXPENSES (the “Notice”), I (we, he, she, it) shall (i) be deemed to have fully, finally, and forever waived, released, discharged, and dismissed each and every one of the Released Claims (as defined in the Notice), as against each and every one of the Released Parties (as defined in the Notice); and (ii) be deemed to have covenanted not to sue any Released Party on the basis of any Released Claim or, unless compelled by operation of law, to assist any person in commencing or maintaining any suit relating to any Released Claim against any Released Party.

By checking this box I certify that I (we) am (are) or, if I am filing on behalf of another, that party, is not an excluded person under the terms of the Stipulation of Settlement. Excluded persons include Defendants and any person, firm, trust, corporation, or other entity related to or affiliated with any defendant and any officers and directors thereof.

By signing and submitting this Proof of Claim, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify) as follows:

1. That I (we) have read the Notice, and the Proof of Claim, including the releases provided for in the settlement;
2. That the claimant(s) is (are) a Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. That the claimant(s) owned investments identified in the Proof of Claim and has (have) not assigned the claim against the Released Parties to another, or that, in signing and submitting this Proof of Claim, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
4. That the claimant(s) has (have) not submitted any other claim covering the same purchases, acquisitions, sales, or holdings of the investments and knows (know) of no other person having done so on his/her/its/their behalf;
5. That the claimant(s) submits (submit) to the jurisdiction of the Court with respect to his/her/its/their claim and for purposes of enforcing the releases provided for in the settlement;
6. That I (we) agree to furnish such additional information with respect to this Proof of Claim as the Claims Administrator or the Court may require;
7. That I (we) acknowledge that the claimant(s) will be bound by and subject to the terms of the Stipulation of Settlement and any judgment that may be entered in the litigation, including the releases and covenants set forth therein; and
8. That I (we) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above. The Internal Revenue Service does not require your consent to any provision other than the certification required to avoid backup withholding.



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UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE..

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Signature of Joint Claimant (if any)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Joint Claimant

\_\_\_\_\_  
Capacity of Person(s) Signing, e.g., beneficial owner(s), executor, administrator, trustee, etc.

**THIS PROOF OF CLAIM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR  
POSTMARKED BY MARCH 25, 2019.**



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