

H. Thomas Moran, II, Receiver For  
The Assets Of LifeTime Capital, Inc.  
And Related Entities

OFFICIAL COURT-APPROVED  
INVESTMENT CLAIM FORM

SUBMIT FORM TO:  
H. Thomas Moran, II  
LifeTime Capital Receiver  
PO BOX 16338  
Oklahoma City, OK 73113

**This Investment Claim Form** should be used to make an "Investment Claim" for the total of all investment payments made to LifeTime Capital, Inc. by one individual or trust ("Investor") or a group of Investors ("Joint Investors").

**Please do not include on this form the amounts of any policy premiums paid after the initial or up-front investment(s). To make a claim for any premium payments made after the initial or up-front investment(s), use the Premium Payment Claim Form**

**PART 1. ORIGINAL INVESTOR INFORMATION:** Please provide the following information for the individual(s) who originally made or authorized the payments to LifeTime Capital for which this Investment Claim is being submitted. If the investments were made by a Trust, please skip this section and go to the Trust section below. See Non-Investor Claimant Information if you are not the original investor.

**INTERNAL USE ONLY:**

Claim Category: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Original Investor NAME: (First) (Middle Initial) (Last) SOCIAL SECURITY OR TAX I.D. NO.

STREET ADDRESS:

CITY: STATE: ZIP: COUNTRY:

PHONE NUMBERS: DAYTIME EVENING CELLULAR/MOBILE: FAX  
(Area Code & Number)

E-MAIL ADDRESS: ALTERNATE CONTACT INFORMATION:

**JOINT INVESTORS:** If this Investment Claim is for Investment Payment(s) made in more than one name, please provide the following information for the additional Investor. (If there are more than two Investors, please use a copy of this form to provide the required information for each Investor.)

(First) (Middle Initial) (Last) SOCIAL SECURITY OR TAX I.D. NO.

NAME:

STREET ADDRESS:

CITY: STATE: ZIP: COUNTRY:

PHONE NUMBERS: DAYTIME EVENING CELLULAR/MOBILE: FAX  
( ) ( ) ( ) ( )

E-MAIL ADDRESS: ALTERNATE CONTACT INFORMATION:

**TRUST INVESTMENTS:** If the original investment(s) with LifeTime Capital were made by a Trust, please provide the following information. PLEASE ATTACH COPIES OF 1) THE CURRENT MEMORANDUM (or AFFIDAVIT) OF TRUST, or the TRUST AGREEMENT AND ALL AMENDMENTS THERETO; AND 2) ANY AFFIDAVITS OF SUCCESSOR TRUSTEE(S); AND 3) EVIDENCE OF TRUSTEE AUTHORITY FOR THE TRUST DESCRIBED BELOW:

NAME OF TRUST:

DATE OF TRUST: TRUST TAX ID NO.: TYPE OF TRUST:

If the Trust is a Revocable or Living Trust and the Grantor is living, please provide the following information:

NAME OF GRANTOR(S): COUNTRY:

STREET ADDRESS: CITY: STATE: ZIP:

PHONE NUMBERS: DAYTIME: EVENING: CELLULAR/MOBILE: FAX:

<b>TRUST INFORMATION CONTINUED:</b>				
NAME OF PRIMARY BENEFICIARY OF THE TRUST:				COUNTRY
STREET ADDRESS:		CITY:	STATE:	ZIP:
PHONE NUMBERS:	DAYTIME:	EVENING:	CELLULAR/MOBILE:	FAX:
<b>NAME OF TRUSTEE (Please provide evidence of authority):</b>		<b>NAME OF CO-TRUSTEE, IF ANY (Please provide evidence of authority):</b>		
STREET ADDRESS:		STREET ADDRESS:		
CITY:		STATE:	CITY:	
STATE:		STATE:		
ZIP:	COUNTRY:		ZIP:	COUNTRY:
DAYTIME PHONE: ( )	EVENING PHONE: ( )		DAYTIME PHONE: ( )	EVENING PHONE: ( )
CELLULAR/MOBILE: ( )	FAX: ( )		CELLULAR/MOBILE: ( )	FAX: ( )
<b>NAME OF SUCCESSOR TRUSTEE:</b>		<b>NAME OF SUCCESSOR CO-TRUSTEE, IF ANY:</b>		
STREET ADDRESS:		STREET ADDRESS:		
CITY:		STATE:	CITY:	
STATE:		STATE:		
ZIP:	COUNTRY:		ZIP:	COUNTRY:
DAYTIME PHONE: ( )	EVENING PHONE: ( )		DAYTIME PHONE: ( )	EVENING PHONE: ( )
CELLULAR/MOBILE: ( )	FAX: ( )		CELLULAR/MOBILE: ( )	FAX: ( )
<b>NON-INVESTOR CLAIMANT INFORMATION: If the person or Trust making this Investment Claim is the original LifeTime Capital Investor, please skip this section. If the person making this Investment Claim is NOT the original LifeTime Capital Investor (e.g., successor to the original Investor as the result of divorce or death, etc.), please provide the following information about the person or entity making this claim:</b>				
RELATIONSHIP TO LIFETIME CAPITAL INVESTOR:		BASIS OF CLAIMANT RIGHT TO MAKE THIS CLAIM: <i>(You must attach <u>copies</u> of documentation showing this right as discussed in the Form Instructions.)</i>		
(First) (Middle Initial) (Last)		SOCIAL SECURITY OR TAX I.D. NO.		
NAME:				
CITY:		STATE:	ZIP:	COUNTRY:
PHONE NUMBERS:	DAYTIME ( )	EVENING ( )	CELLULAR/MOBILE: ( )	FAX ( )
E-MAIL ADDRESS:			ALTERNATE CONTACT INFORMATION:	
<b>If the Original Investor is deceased, please provide the following information (Please attach copy of death certificate if available):</b>				
DATE OF DEATH:		PLACE OF DEATH (City, County, State)		
Did the deceased Original Investor have a Will? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, was a probate of the Estate filed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, where was the probate conducted?		NAME OF PERSONAL REPRESENTATIVE OF THE ESTATE:		
COUNTY: _____ STATE: _____  PROBATE CASE NO.: _____		STREET ADDRESS OF PERSONAL REPRESENTATIVE		
Has a Final Decree been filed in the Probate? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, date of Final Decree: _____  If NO, expected date of Final Decree: _____		CITY STATE ZIP		
		CONTACT PHONE NO. FOR PERSONAL REPRESENTATIVE  ( )		

**PART 2. DETAIL OF INVESTMENT PAYMENTS TO LIFETIME CAPITAL. (You must attach *copies* of the supporting documents as discussed in the Form Instructions for each Investment Payment listed in this Section) If you have more than FOUR Investments, please make a copy of this Form and use for additional Original Investments.**

INVESTMENT NO. 1	INVESTMENT NO. 2																								
Date of Investment:	Date of Investment:																								
Amount of Investment Payment: \$	Amount of Investment Payment: \$																								
Method of Investment Payment: (Check the Appropriate Box) <input type="checkbox"/> Personal Check <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Wire Transfer by Investor <input type="checkbox"/> Through Transfer from Retirement Account <input type="checkbox"/> Other (Explain) _____ _____	Method of Investment Payment: (Check the Appropriate Box) <input type="checkbox"/> Personal Check <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Wire Transfer by Investor <input type="checkbox"/> Through Transfer from Retirement Account <input type="checkbox"/> Other (Explain) _____ _____																								
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TELEPHONE (AREA CODE & NUMBER)	TELEPHONE (AREA CODE & NUMBER)																								

**ARE COPIES OF SUPPORTING DOCUMENTATION ATTACHED TO THIS CLAIM FORM AS LISTED ON THE CLAIM FORM INSTRUCTIONS?     YES                       NO**

**Please make every effort to attach the necessary supporting documentation to this Claim Form to assist the Receiver and the Court to determine whether this Claim can be approved by the Court.**

PART 2. CONTINUED																									
INVESTMENT NO. 3	INVESTMENT NO. 4																								
Date of Investment:	Date of Investment:																								
Amount of Investment Payment: \$	Amount of Investment Payment: \$																								
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**PART 3. DETAILS OF PAYMENTS MADE BY LIFETIME CAPITAL TO INVESTORS:.**

**Were any funds paid to You ("You" being the Original Investor[s] or the Successor to the Original Investor[s]) or to any of Your investment accounts by LifeTime Capital?**

- YES  
 NO

**If you answered Yes, please fill in the following information about all payments You received:**

**Please give the ASSIGNMENT or PLACEMENT number of the Policy or Policies that resulted in payment to You and the AMOUNT paid by LifeTime Capital on each Policy: (If you received more than four payments, please make a copy of this Form and use for additional payments.)**

<p><b>LIFETIME CAPITAL PAYMENT NO. 1 TO INVESTOR:</b></p>	<p><b>DATE PAYMENT WAS RECEIVED BY YOU OR YOUR ACCOUNT:</b></p> <p>_____</p>	<p><b>REASON FOR PAYMENT BY LIFETIME TO INVESTOR:</b></p> <p><input type="checkbox"/> Policy Maturity  <input type="checkbox"/> Other (Explain)</p>	<p><b>IF FUNDS WERE PAID PURSUANT TO THE MATURITY OF THE POLICY, WHAT WAS THE POLICY PLACEMENT OR ASSIGNMENT NUMBER?</b></p> <p>_____</p>	<p><b>AMOUNT OF PAYMENT TO YOU OR TO YOUR ACCOUNT:</b></p> <p>\$ _____</p>
<p><b>LIFETIME CAPITAL PAYMENT NO. 2 TO INVESTOR:</b></p>	<p><b>DATE PAYMENT WAS RECEIVED BY YOU OR YOUR ACCOUNT:</b></p> <p>_____</p>	<p><b>REASON FOR PAYMENT BY LIFETIME TO INVESTOR:</b></p> <p><input type="checkbox"/> Policy Maturity  <input type="checkbox"/> Other (Explain)</p>	<p><b>IF FUNDS WERE PAID PURSUANT TO THE MATURITY OF THE POLICY, WHAT WAS THE POLICY PLACEMENT OR ASSIGNMENT NUMBER?</b></p> <p>_____</p>	<p><b>AMOUNT OF PAYMENT TO YOU OR TO YOUR ACCOUNT:</b></p> <p>\$ _____</p>
<p><b>LIFETIME CAPITAL PAYMENT NO. 3 TO INVESTOR:</b></p>	<p><b>DATE PAYMENT WAS RECEIVED BY YOU OR YOUR ACCOUNT:</b></p> <p>_____</p>	<p><b>REASON FOR PAYMENT BY LIFETIME TO INVESTOR:</b></p> <p><input type="checkbox"/> Policy Maturity  <input type="checkbox"/> Other (Explain)</p>	<p><b>IF FUNDS WERE PAID PURSUANT TO THE MATURITY OF THE POLICY, WHAT WAS THE POLICY PLACEMENT OR ASSIGNMENT NUMBER?</b></p> <p>_____</p>	<p><b>AMOUNT OF PAYMENT TO YOU OR TO YOUR ACCOUNT:</b></p> <p>\$ _____</p>
<p><b>LIFETIME CAPITAL PAYMENT NO. 4 TO INVESTOR:</b></p>	<p><b>DATE PAYMENT WAS RECEIVED BY YOU OR YOUR ACCOUNT:</b></p> <p>_____</p>	<p><b>REASON FOR PAYMENT BY LIFETIME TO INVESTOR:</b></p> <p><input type="checkbox"/> Policy Maturity  <input type="checkbox"/> Other (Explain)</p>	<p><b>IF FUNDS WERE PAID PURSUANT TO THE MATURITY OF THE POLICY, WHAT WAS THE POLICY PLACEMENT OR ASSIGNMENT NUMBER?</b></p> <p>_____</p>	<p><b>AMOUNT OF PAYMENT TO YOU OR TO YOUR ACCOUNT:</b></p> <p>\$ _____</p>

<b>TOTAL OF INVESTMENT PAYMENTS MADE TO LIFETIME BY THE ORIGINAL INVESTOR(S)</b> <b>(Listed in Part 2 of this Investor Claim Form)</b>	(1) \$
<b>TOTAL PAYMENTS INVESTOR RECEIVED FROM LIFETIME</b> <b>(Listed in Part 3 of this Investor Claim Form)</b>	- (2) \$
<b>Subtract LINE (2) from LINE (1) for the TOTAL NET CLAIM AMOUNT:</b>	\$

**VERIFICATION OF CLAIMS:** All claims submitted are subject to verification by the Receiver and approval by the Court. It is important to provide complete and accurate information to facilitate this effort. You may be asked to supply additional information to complete this process. Failure to supply additional information in a timely manner may result in the Receiver's inability to verify your Claims(s) and the Court's decision to disallow your Claims(s) in whole, or in part.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct and that any and all attached or enclosed documents are true and correct copies of the original documents.

\_\_\_\_\_  
 INVESTOR, TRUSTEE or OTHER LEGAL CLAIMANT  
 (Sign name)

Executed on (Date) \_\_\_\_\_

\_\_\_\_\_  
 INVESTOR, TRUSTEE OR OTHER LEGAL CLAIMANT  
 (Print or type Name & Title)

\_\_\_\_\_  
 JOINT INVESTOR or CO-TRUSTEE (Sign name)

Executed on (Date) \_\_\_\_\_

\_\_\_\_\_  
 JOINT INVESTOR or CO-TRUSTEE (Print or type name)

**If more signatures are required, (e.g. for more than two trustees), please use a copy of this page to provide the required signatures.**