



UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF NEW YORK
 SEC v. ICP ASSET MANAGEMENT, LLC. et al.
 CASE NUMBER: 10-cv-4791
**ICP FAIR FUND
 CLAIM FORM**



The ICP Fair Fund was established to provide recoveries to persons that suffered harm as a result of fraudulent practices and misrepresentations made in connection with certain collateralized debt obligations known as the Triaxx CDOs. Eligible claimants may include any person (which shall include natural persons and entities) who purchased an interest in the Triaxx CDO portfolio, and believes they have suffered an economic loss as a result of that investment. **In order to be considered for eligibility for a recovery, you must provide, no later than March 12, 2021, a completed Claim Form as part of your submission to the ICP Fair Fund.** Please see the Fair Fund Notice for more information on the requirements of your submission.

Claim Forms should be submitted to the ICP Fair Fund via email at: info@icpfairfund.com. If you wish to complete and mail a paper Claim Form, please direct the Claim Form to ICP Fair Fund, 17 Technology Place, Suite 1, Syracuse, NY 13057. If you need assistance in completing the Claim Form or if you have any questions, please contact our customer service department at (315) 251-6072 or visit the ICP Fair Fund website at www.icpfairfund.com.

INFORMATION ABOUT THE CLAIMANT

PLEASE TYPE OR PRINT USING BLUE OR BLACK INK.

1. Investor Information

Name of Investor: _____

Tax ID (Check one): SSN EIN Foreign ID _____

(If Foreign ID, provide country) _____

2. Mailing / Contact Information

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Foreign Province: _____ Foreign Postal Code: _____

Country (if other than the United States): _____

Phone Number: _____

E-Mail Address: _____

3. Counsel/Representative

Name: _____

Role of Representative: _____

Address: _____

Phone Number: _____ Email Address: _____

**** If this claim is being submitted on behalf of an underlying investor by an attorney or representative, please include a statement evidencing your authority to represent the underlying investor in connection with the submission of the claim.*



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CLAIM INFORMATION

YOU MUST SUBMIT DOCUMENTATION TO SUPPORT THE INFORMATION BELOW. FAILURE TO PROVIDE PROPER DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM.

4. Transactions in the Triaxx CDO Portfolio

Please list (in chronological order) separately all transactions relating to the Triaxx CDO portfolio.

| Date(s) of Transaction | Transaction Type Purchase <u>or</u> Sale | Triaxx CDO and Note Class | Face Value | Total Purchase Price |
|------------------------|---------------------------------------------|---------------------------|------------|----------------------|
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5. Do you still hold these investments? Yes or No

6. Other Cash Flows Relating to the Triaxx CDO Portfolio

Please provide information on any cash flows relating to the investment (e.g., interest payments, principal repayments, premium payments) received or paid by the investor claimant (including any parent entity, subsidiary or affiliate of the investor), and the dates and the amount of any such transactions.

| Date | Amount | Source |
|------|--------|--------|
| | | |
| | | |
| | | |
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| | | |

7. Total Claimed Loss Amount

Please provide your total claimed loss, before accounting for any outside recoveries: _____



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8. Recoveries

A potential claimant’s eligible losses may be reduced by the amount of any compensation for the loss that resulted from the conduct described in the complaint in this case to the extent it is known to the Distribution Agent. Please report any recoveries you have received for the losses you incurred as a result of your investment in the Triaxx CDO portfolio (*e.g.*, insurance recoveries, litigation recoveries, or recoveries from any other source). Please also include documentation to support any recovery you have received.

| Date | Amount | Source |
|------|--------|--------|
| | | |
| | | |
| | | |
| | | |

9. Other Information

Please note any other information that you think would be helpful when reviewing this claim, including information about your theory of economic harm if not obvious from the information provided above.



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CERTIFICATION AND RELEASE

Each of the undersigned represents and certifies **UNDER PENALTY OF PERJURY** that such person or entity:

1. Has provided a full and complete list, and accurate records pertaining to **all** transactions in the Triaxx CDO portfolio;
2. Has provided a full and complete list, and accurate records pertaining to **all** recoveries received for the losses incurred as a result of his/her/its investment in the Triaxx CDO portfolio;
3. Is not and/or has not been:
 - a. A person who served as an officer or director of ICP Asset Management, LLC, Institutional Credit Partners LLC, ICP Securities LLC, or any subsidiary or affiliate of such entities directly involved in the conduct detailed in the complaint;
 - b. An employee or former employee of the aforementioned entities or any of the affiliates who has been terminated for cause, or has otherwise resigned, in connection with the conduct described in the complaint;
 - c. A person who, as of the claims filing deadline, has been the subject of criminal charges related to the conduct detailed in the complaint, unless and until such defendant is found not guilty in all such criminal actions prior to the claims filing deadline, and proof of the finding(s) is included in such defendant's timely filed Claim Form;
 - d. ICP Asset Management, LLC, ICP Securities, LLC, Institutional Credit Partners, LLC, Thomas C. Priore, or Lori A. Priore;
 - e. An affiliate, assign, creditor, heir, distributee, spouse, parent, child or controlled entity of any of the foregoing persons or entities described in (a) – (d) above;
 - f. An employee of the Distribution Agent; or
 - g. A purchaser or assignee of another person's right to obtain a recovery from the ICP Fair Fund.
4. Agrees to provide such additional information with respect to the Claim Form as the SEC or the Distribution Agent may require;
5. Consents to the SEC's, the Distribution Agent's and their respective agents' use of any of the information provided here in any way deemed appropriate in order to verify the claim or the claimant's identity; acknowledges that this information will not be sold to any third parties;
6. If executing this Claim Form on behalf of a beneficial owner of the Triaxx CDO notes, possesses all requisite power and authority to execute this Claim Form, to grant the release provided below, and to do all other things necessary and appropriate in connection with the submission of this Claim Form on behalf of the beneficial owner; and
7. Agrees that under no circumstances shall the Distribution Agent or its agents incur any liability to me or to any other person if it makes a distribution in accordance with the plan approved by the Court and that I am enjoined from taking any action in contravention of this provision.



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(Certification and Release - continued from the previous page)

I (we) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned in this Claim Form is true, correct, and complete, and that all documents submitted in support of the foregoing information are true and correct copies of what they purport to be.

Executed this _____ day of _____, 202__ in _____, _____
 (Date) (Month) (City) (State / Country)

| | |
|---------------------------------------------------|-------------------------------------------------------------|
| | |
| (Type /Print name of Claimant) | |
| | |
| Signature of Person signing on behalf of Claimant | (Type / print name of person signing on behalf of Claimant) |
| | |
| Capacity of person signing on behalf of Claimant | |

- For legal representatives of the beneficial owner(s), you must provide proof of your authority to act on the beneficial owner's behalf with this Claim Form. Please check this box to indicate that you have included documentation in your submission authorizing you to complete this Claim Form on behalf of the beneficial owner named above.

*Failure to sign the **Certification and Release** may result in a delay in processing or the rejection of your claim.*