

Telephone Number (Primary)

____-____-____

Telephone Number (Alternate)

____-____-____

Email Address

PART II: INVESTOR CLAIM

Please list all contributions that you made to investment funds managed by Patrick Churchville and/or ClearPath Wealth Management LLC.

CONTRIBUTION NO. 1

Date of Contribution: _____

Amount of Contribution: _____

Receivership Entity Contributed to (if known): _____

Name of Fund Contributed to (if known): _____

Other relevant details about Contribution: _____

CONTRIBUTION NO. 2

Date of Contribution: _____

Amount of Contribution: _____

Receivership Entity Contributed to (if known): _____

Name of Fund Contributed to (if known): _____

Other relevant details about Contribution: _____

CONTRIBUTION NO. 3

Date of Contribution: _____

Amount of Contribution: _____

Receivership Entity Contributed to (if known): _____

Name of Fund Contributed to (if known): _____

Other relevant details about Contribution: _____

CONTRIBUTION NO. 4

Date of Contribution: _____

Amount of Contribution: _____

Receivership Entity Contributed to (if known): _____

Name of Fund Contributed to (if known): _____

Other relevant details about Contribution: _____

**Please list all distributions that you received from Patrick Churchville and/or ClearPath
Wealth Management, LLC.**

DISTRIBUTION NO. 1

Date of Distribution: _____

Amount of Distribution: _____

Receivership Entity from which Distribution came (if known): _____

Name of Fund from which Distribution came (if known): _____

Classification of Distribution (if known)¹: _____

Other relevant details about Distribution: _____

DISTRIBUTION NO. 2

Date of Distribution: _____

Amount of Distribution: _____

Receivership Entity from which Distribution came (if known): _____

Name of Fund from which Distribution came (if known): _____

Classification of Distribution (if known): _____

Other relevant details about Distribution: _____

DISTRIBUTION NO. 3

Date of Distribution: _____

Amount of Distribution: _____

Receivership Entity from which Distribution came (if known): _____

Name of Fund from which Distribution came (if known): _____

Classification of Distribution (if known): _____

Other relevant details about Distribution: _____

¹ Please indicate whether the distribution was classified in particular manner. For example, the distribution may have been classified as a return of capital, interest payment on contribution or an advance on a future distribution. Please note, that the distribution may not have been classified in any particular manner, in which instance, you should simply mark this line "not applicable".

DISTRIBUTION NO. 4

Date of Distribution: _____

Amount of Distribution: _____

Receivership Entity from which Distribution came (if known): _____

Name of Fund from which Distribution came (if known): _____

Classification of Distribution (if known): _____

Other relevant details about Distribution: _____

(IF NEEDED, PLEASE USE ADDITIONAL SHEETS ATTACHED BELOW)

Investor Claim Status

Check if you are aware that anyone else has filed an Investor Proof of Claim Form relating to your Claim. (Attach statement giving particulars).

Check if the address entered on this form differs from the address on the envelope sent to you by the Receiver (if you received this form via mail).

Check here if this Investor Proof of Claim:

Amends a previously filed Investor Proof of Claim Form, dated: _____

Replaces a previously filed Investor Proof of Claim Form, dated: _____

Supplements a previously filed Investor Proof of Claim Form, dated: _____

YOU MUST READ AND SIGN THE RELEASE AND THE CERTIFICATE OF TRUTHFULNESS. FAILURE TO SIGN THE RELEASE AND THE CERTIFICATE OF TRUTHFULNESS MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

SUPPORTING DOCUMENTATION: Please attach to your Investor Proof of Claim Form only documents (including copies of emails and other electronic data) that support your Investor Proof of Claim Form. Such documentation may include, but is not limited to: copies of personal

checks, cashier's checks, wire transfer advices; account statements and other documents evidencing the investment or payment of funds; any written contract or agreement made in connection with any investment in or with any Receivership Entity; a chronological accounting of all money received by the Claimant from any Receivership Entity or the Receiver, whether such payments are denominated as the return of principal, interest, commissions, finder's fees, sponsor payments, or otherwise; copies of all documentation and records reflecting or regarding any withdrawals ever made by or payments received by the Claimant from any Receivership Entity or the Receiver; copies of all agreements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, or evidence of perfection of lien; and other documents evidencing the amount and basis of the Claim. **DO NOT SEND ORIGINAL DOCUMENTS.** If such documentation is not available, please attach an explanation of why the documents are not available.

Please do not submit the following type of materials with your Investor Proof of Claim Form unless requested by the Receiver: (1) marketing brochures and other marketing materials received from the Receivership Entity; (2) routine or form correspondence received from the Receivership Entities; (3) copies of pleadings on file in any case involving the Receiver or the Receivership Entities; and (4) other documents received from Receivership Entities that do not reflect Claimant specific information concerning the existence or value of a Claim.

VERIFICATION OF CLAIMS: All Investor Proof of Claim Forms 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. Claimants must be willing to submit to an interview and may be asked to supply additional information to complete the claims process.

CONSENT TO JURISDICTION: By submitting your Investor Proof of Claim Form, you consent to the jurisdiction of the United States District Court for the District of Rhode Island for all purposes and agree to be bound by its decisions, including, without limitation, a determination as to the validity and amount of any Claims asserted against the Receivership Entities. In submitting your Investor Proof of Claim Form, you agree to be bound by the actions of the United States District Court for the District of Rhode Island even if that means your Claim is limited or denied.

CERTIFICATE OF TRUTHFULNESS: Pursuant to 28 U.S.C § 1746, I, the undersigned, hereby certify, **under penalty of perjury under the laws of the United States of America**, that all of the information provided in this Investor Proof of Claim Form, including all Schedules and attachments to the Investor Proof of Claim, is true and correct and that the undersigned is authorized to make this Claim.

(Sign your name here)

(Date)

(Type or print your name here)

(Capacity of person(s) signing)

Submit your Investor Proof of Claim Form and supporting documentation to the Receiver: (1) by mail to: Stephen F. Del Sesto, Esq., Court-appointed Receiver, Donoghue Barrett & Singal, P.C., One Cedar Street, Suite 300, Providence, Rhode Island 02903; (2) by courier service, overnight service or hand delivery addressed to: Stephen F. Del Sesto, Esq., Court-appointed Receiver, Donoghue Barrett & Singal, P.C., One Cedar Street, Suite 300, Providence, Rhode Island 02903; or, (3) by electronic mail, as an attachment in portable document format (.pdf), to clearpathreceiver@dbslawfirm.com.

Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Keep a copy of your claim form and all supporting documentation for your records.
4. If your contact information changes, please send the Receiver updated information.

ADDITIONAL CONTRIBUTION DISCLOSURE

CONTRIBUTION NO. __

Date of Contribution: _____

Amount of Contribution: _____

Receivership Entity Contributed to (if known): _____

Name of Fund Contributed to (if known): _____

Other relevant details about Contribution: _____

CONTRIBUTION NO. __

Date of Contribution: _____

Amount of Contribution: _____

Receivership Entity Contributed to (if known): _____

Name of Fund Contributed to (if known): _____

Other relevant details about Contribution: _____

ADDITIONAL DISTRIBUTION DISCLOSURE

DISTRIBUTION NO. __

Date of Distribution: _____

Amount of Distribution: _____

Receivership Entity from which Distribution came (if known): _____

Name of Fund from which Distribution came (if known): _____

Classification of Distribution (if known): _____

Other relevant details about Distribution: _____

DISTRIBUTION NO. __

Date of Distribution: _____

Amount of Distribution: _____

Receivership Entity from which Distribution came (if known): _____

Name of Fund from which Distribution came (if known): _____

Classification of Distribution (if known): _____

Other relevant details about Distribution: _____
