

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

To All Persons Having Claims against Retirement Value:

1. The attached Schedule lists all known claims against the estate of Retirement Value. If your claim is listed as “allowed” and you agree with the amount, you need do nothing further.
2. If your claim is either (a) not listed on the Schedule or (b) your claim is listed as “disputed, contingent or unliquidated”, you must submit a proof of claim to the Receiver by the Bar Date of August 31, 2012. ***Failure to do so waives your claim; and your claim will be forever barred and will not be payable by the Receiver.***

If your claim is listed on the Receiver’s Schedule but you dispute either the amount or classification of your claim, you must submit a proof of claim by the Bar Date of August 31, 2012. ***Failure to do so waives any dispute as to the amount or classification of your claim.***

A proof of claim will be deemed to have been submitted on the date it is physically or electronically received by the Receiver or the date it is deposited, enclosed in a postage paid, properly addressed wrapper, in a post office or official depository under the care and custody of the United States Postal Service.

2. Claims should be addressed as follows:

Mail or Physical Delivery	Retirement Value Receiver Cox Smith Matthews Incorporated 1201 Elm Street, Suite 3300 Dallas, Texas 75270
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Facsimile	(214) 698-7899
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E-mail	receiver@rvllcreivership.com
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**DO NOT SUBMIT THE PROOF OF CLAIM FORM DIRECTLY TO THE COURT.**

3. Please fill out the form completely and attach all documents which you believe support your claim. By signing and submitting the proof to the Receiver, you are verifying under oath that all of the answers you provided are true and correct. Your signature on the Proof of Claim form must be notarized.

**RETIREMENT VALUE, LLC  
PROOF OF CLAIM FORM**

**BAR DATE: AUGUST 31, 2012**

<b>PART I</b>  <b>Claimant:</b>  Name of Claimant:  Name of Person Submitting Form (if different from Claimant):  Address:    Telephone No.:  E-mail Address:  Fax No.:	<b>Claim Status</b>  <input type="checkbox"/> Check here if anyone else has filed a Proof of Claim Form relating to your claim. (Attach explanation)  <input type="checkbox"/> Check here if you have never received any notices from the Receiver  <input type="checkbox"/> Check here if the address differs from the address used by the Receiver to contact you  Check here if this Proof of Claim form  <input type="checkbox"/> amends <input type="checkbox"/> replaces <input type="checkbox"/> supplements  a previously filed Proof of Claim form dated
1. Is your claim: (please check one)  <input type="checkbox"/> Not listed on the Receiver's Schedule of Claims  <input type="checkbox"/> Listed on the Receiver's Schedule of Claims as "disputed, contingent or unliquidated"  <input type="checkbox"/> Listed on the Receiver's Schedule of Claims in the wrong amount  <input type="checkbox"/> Listed on the Receiver's Schedule of Claims in the wrong Class	
2. State the amount of your claim:	
3. Does your claim arise out of an investment in the Retirement Value Re-Sale Life Insurance Policy Program or RSLIP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were you or any member of your immediate family (i) a licensee of Retirement Value or (ii) an employee or contractor of a licensee of Retirement Value? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Were you or any member of your immediate family an employee or member of Retirement Value? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Providing false, misleading or incomplete information or incomplete documentation will delay any disbursement made from this Receivership and could jeopardize your distribution entirely.**

**PART II**

**If your claim arises out of an investment in the RSLIP, please complete Part II (if not, please skip Part II)**

1. For each investment that you made in the Re-Sale Life Insurance Policy Program, please provide the following information (use additional pages if necessary):

Date of Investment	Amount	Sales Agent
1.		
2.		
3.		
Total 1 – 3		
Total Other Pages		
Grand Total		

2. For each payment received directly or indirectly from Retirement Value (including through Kiesling Porter Kiesling & Free, PC), please provide the following information (use additional pages if necessary):

Date of Payment	Amount	Reason for Payment
1.		
2.		
3.		
Total 1 – 3		
Total Other Pages		
Grand Total		

If you received no payments directly or indirectly from Retirement Value, write in “None” above.

If you answered “Yes” to Question 4 in Part I above, you must include all payments received as compensation for selling participations in the RSLIP (including any commissions) as well as any other payments you received directly or indirectly from Retirement Value.

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**PART III**

**If your claim does not arise out of an investment in the RSLIP, please complete Part III**

State the amount of your claim:

Principal	
Interest	
Penalties	

Is your claim secured?  Yes  No If yes, describe collateral

**PART IV**

Please state the basis for your claim or for your disagreement with the manner in which your claim is listed on the Receiver’s Schedule of Claims? Use additional pages if necessary.

**Please attach all documentation that supports your claim.**

I, the undersigned, hereby swear or affirm, that all of the information provided in this Proof of Claim Form, including all attachments to the Proof of Claim, is true and correct and that I am authorized to make this Claim.

\_\_\_\_\_  
Claimant

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_ day of \_\_\_\_\_ 2012.

\_\_\_\_\_  
Notary Public

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