

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION
SECURITIES AND EXCHANGE COMMISSION V.
CHARLES O. MORGAN, JR., AS PERSONAL REPRESENTATIVE OF
THE ESTATE OF FREDERICK J. KUNEN

CASE NO.: 07-22204-CIV-GOLD/TURNOFF

PROOF OF CLAIM AND RELEASE

If you invested in the fraudulent options index trading strategy offered by Frederick J. Kunen (the "Kunen Investment Scheme") during the period of December 1, 2006 to September 1, 2007 (the "Kunen Fraud Period") you may be eligible for partial recovery of losses you incurred due to improper actions of the respective companies. As such, you may wish to file a Proof of Claim for a potential recovery.

GENERAL INSTRUCTIONS

1. In order to recover compensation to which you may be entitled as an Eligible Claimant in the matter **Securities and Exchange Commission v. Charles O. Morgan, Jr., as Personal Representative of The Estate of Frederick J. Kunen, Case No. 07-22204-CIV**, you must complete and, on page 4 hereof, sign this Proof of Claim Form (the "Proof of Claim"). If you fail to submit a Proof of Claim and/or provide supporting documentation (as discussed herein) your claim may be rejected and you may be precluded from any recovery from the Kunen Fraud Recovery Fund created in connection with the Distribution Plan.
2. Submission of this Proof of Claim, however, does not assure that you will share in the proceeds of Kunen Fraud Recovery Fund.
3. You must mail your completed and signed Proof of Claim to the Receiver **postmarked on or before September 30, 2008** to the address as follows:

Scott M. Dimond, Receiver
2665 South Bayshore Drive, PH-2B
Miami, FL 33133
4. If you are NOT an Eligible Claimant (as defined in the enclosed Notice), DO NOT submit a Proof of Claim.

INSTRUCTIONS FOR CLAIM FORM

1. Please complete the “Claimant Information” section on page 2, which identifies each investor that invested in the Kunen Investment Scheme (each, a “Kunen Investor”). That information must be filled out by the Kunen Investor or the Kunen Investor’s Legal Representative. If investments were made jointly, all joint Kunen Investors must sign this claim. Executors, administrators, guardians, conservators, and trustees of Kunen Investors must complete and sign this form on behalf of persons represented by them, their titles and capacities must be stated, and documentation establishing their authority must accompany this claim. The Social Security (or taxpayer identification) number and telephone number of the Kunen Investor may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

2. Use the Table A form entitled “Investments in the Kunen Scheme” to supply all required details of your investment(s) in the Kunen Investment Scheme. On **Table A** please provide all of the requested information with respect to ***all of your investments in the Kunen Investment Scheme that took place during the Kunen Fraud Period and all of your investment returns from the Kunen Investment Scheme, whenever they may have occurred.*** You should identify all pertinent investments and returns regardless of whether each transaction resulted in a profit or loss. Failure to report accurately all such transactions may result in the rejection of your claim. You must accurately provide the date and amount of each such investment or return.

3. Written or e-mailed confirmations or other documentation of your transactions in the Kunen Investment Scheme should be attached to your claim. If you already have provided such materials to the receiver, please check the box that states “Documents Already Provided to Receiver.” Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

**KUNEN FRAUD RECOVERY FUND
PROOF OF CLAIM FORM**

Proof of Claim Checklist:

1. Please complete the Claimant Information Below and the Proof of Claim and Release on Page 4.
2. Please list your investment transactions on Table A and attach supporting documentation.
3. Please detach and send pages 2, 3 and 4 of the Proof of Claim and Mail to the address below **no later than September 30, 2008**. Please keep a copy of your claim for your records. If you have any questions regarding the Proof of Claim please contact the Receiver at:

Scott M. Dimond, Receiver
2665 South Bayshore Drive, PH-2B
Miami, FL 33133
(305) 374-1920 or SDimond@dkrpa.com

I. CLAIMANT INFORMATION (Please print or type)

Check here if this is a corrected or amended Proof of Claim Form:

Date(s) of prior Proof of Claim Form filings: _____

Check here if you already have provided supporting documentation to the Receiver:

1. _____
Name of Claimant (If an individual, please enter Last Name, First Name, and Middle Initial)

2. _____
Claimant's Social Security Number or Taxpayer Identification Number

4. _____
Name of Joint Claimant, if applicable. (If individual, enter Last Name, then First Name and Middle Initial).

II. TRANSACTIONS IN KUNEN INVESTMENT SCHEME

TABLE A – Enter the information requested below for ALL INVESTMENTS MADE IN OR MONIES RECEIVED FROM TRANSACTIONS IN THE KUNEN INVESTMENT SCHEME.

See Instructions on Page 1.

Investment Amount	Investment Date	Account from Which Money Provided	Account and Name of Person or Entity to Which Money Provided

Amount of Monies Returned	Date Monies Returned	Account and Name of Person or Entity from Which Money Returned	Account to Which Money Returned

If you need additional space, please attach additional pages to this form, formatted in the same manner as Table A.

III. CERTIFICATION AND RELEASE

Each of the undersigned separately represents and certifies that each such person or entity:

1. Did not realize an aggregate net profit from combined investments in the Kunen Investment Scheme and monies received from the Kunen Investment Scheme. Table A of this Proof of Claim Form accurately records all transactions in connection with the Kunen Investment Scheme.
2. Is not and/or has not been:
 - (a) an affiliate of Frederick Kunen, Terry Provence, DT Capital;
 - (b) a parent, child, spouse, affiliate, assign, heir, distributee or controlled entity of any Person described in items (a) above; and
 - (c) has not received compensation for promoting the Kunen Investment Scheme.
3. If executing this Proof of Claim Form on behalf of a corporation, partnership or other entity, possesses all requisite power and authority to execute this form, to grant the Release provided below, and to do all other things necessary and appropriate in connection with the submission of this Proof of Claim Form.
4. Consents to the Receiver's and his agents' use of any of the information provided herein including, but not limited to, Social Security (or taxpayer identification) numbers, address, telephone number, brokerage account and trading information in any way deemed appropriate for verification of the claim.
5. Submits to the jurisdiction of the United States District Court for the Southern District of Florida (the "Court") in connection with any matter relating to the administration of the Kunen Fraud Recovery Fund and the processing and disposition of this Proof of Claim Form; waives trial by jury, to the extent such a right exists; and agrees to the Court's summary disposition of the determination of the validity or the amount of the claim made by this Proof of Claim Form, all in accordance with the Distribution Plan.
6. Upon receipt and acceptance of a distribution from the Kunen Fraud Recovery Fund, fully, finally and forever waives, releases and relinquishes any and all claims of any kind, nature or description whatsoever that the undersigned may now, or at any time in the future, have against the Receiver and all of his respective employees, attorneys at law or fact, agents and affiliates, whether such claims are known or unknown, that arise out of or relate in any manner to the performance by such Persons of their respective duties and responsibilities under the Distribution Plan, including, without limitation, the administration of the Kunen Fraud Recovery Fund.

Each of the undersigned declares under penalty of perjury under the laws of the United States of America (and the applicable laws of any other jurisdiction) that the statements made and the answers given in this Proof of Claim Form are true and correct, and that the documents submitted herewith are true and genuine.

Executed on this _____ day of _____, 2008. (Month/Year)

in _____.
(City, State, Country)

Individuals, Corporations, Partnerships, Other Entities:

Signature of Claimant or Authorized Signatory

Print or Type Name of Person or Entity

Capacity of person signing above
(e.g., Beneficial Owner, Executor, Administrator, Other)

Signature of Joint Claimant (if any)

Type or print name

Capacity of person signing above
(e.g., Beneficial Owner, Executor, Administrator, Other)