



CKB168 Fair Fund
c/o Analytics Consulting LLC, Distribution Agent
P.O. Box 2004
Chanhassen, MN 55317-2004

CLAIM FORM

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW:
Name:
Address:
City, State, and Zip Code:
Foreign Province and/or Foreign Postal Code <i>(if applicable)</i> :
Foreign Country Name/Abbreviation <i>(if applicable)</i> :
Email Address:

Please complete the form in English or your claim cannot be processed.

PART I: ELIGIBLE LOSS AMOUNT CONFIRMATION

Records Maintained by CKB show that you were assigned the following CKB Distributor Codes:

Please check this box if you certify that the CKB Distributor Codes identified above are correct.

Only if you were assigned other CKB Distributor Codes that are not listed above, please identify them below:

CKB <input type="text"/>	<input type="checkbox"/> Documentation Enclosed?	CKB <input type="text"/>	<input type="checkbox"/> Documentation Enclosed?
CKB <input type="text"/>	<input type="checkbox"/> Documentation Enclosed?	CKB <input type="text"/>	<input type="checkbox"/> Documentation Enclosed?

Please provide supporting documentation for additional CKB Distributor Codes. Your documentation should demonstrate that you were assigned each of the additional CKB Distributor Codes that you identify.

PART II: PAYEE CONFIRMATION

Please complete this section **only** if the Eligible Investor has changed.

ELIGIBLE INVESTOR *(Injured investors, lawful heirs or successors)*

First Name	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

PAYEE INFORMATION *(to whom current Distribution Payment should be made)**

First Name	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

* In order to receive payment on behalf of an Eligible Investor, a successor, heir, administrator, or other person authorized to act on an Eligible Investor's behalf must provide proper supporting documentation validating their identity as the lawful recipient.¹

PLEASE COMPLETE AND SIGN PAGE 2

¹ At a minimum, a copy of a death certificate must be submitted to demonstrate that an Eligible Investor is deceased. Additionally, the representative must provide documentation including, but not limited to, a Last Will and Testament, estate records, applicable trust documents, power of attorney, Letters Testamentary, letters of administration, evidence of probate and/or any other testamentary provisions of the harmed investor to demonstrate their status as payee. Please provide plain copies of these documents as they will not be returned. Certified copies are not required.

PART III: CERTIFICATION

1. Defined terms used herein shall have the meaning ascribed to them in the Distribution Plan.
2. I hereby warrant and represent that the information provided herein is true and accurate and that I am not an Excluded Party.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Type or print your name here)

(Capacity of person(s) signing)

PLEASE RETURN THE CLAIM FORM TO:

CKB168 Fair Fund
c/o Analytics Consulting LLC
Distribution Agent
P.O. Box 2004
Chanhassen, MN 55317-2004

Secure Upload: www.CKB168FairFund.com Email: info@CKB168FairFund.com

**IF YOU DO NOT COMPLETE THE CLAIM FORM AND RETURN IT TO THE
FUND ADMINISTRATOR ON OR BEFORE MAY 22, 2023,
YOU WILL NOT RECEIVE A DISTRIBUTION PAYMENT**