

**MUST BE  
POSTMARKED  
ON OR BEFORE  
January 14, 2013**

**Barron v. Igolnikov  
c/o The Garden City Group, Inc.  
P.O. Box 9349  
Dublin, OH 43017-4249  
1-800-231-1815  
www.gcginc.com/cases/barron-ubp**



**IGO**



Claim Number:

Control Number:

## **CLAIM FORM AND RELEASE**

**THIS CLAIM FORM AND RELEASE MUST BE MAILED TO THE ADDRESS ABOVE  
AND POSTMARKED NO LATER THAN JANUARY 14, 2013.**

### **TABLE OF CONTENTS**

### **PAGE #**

<b>PART I - CONTACT INFORMATION .....</b>	<b>1</b>
<b>PART II - GENERAL INSTRUCTIONS .....</b>	<b>2</b>
<b>PART III - INVESTMENT AMOUNT ASSIGNED .....</b>	<b>3</b>
<b>PART IV - INVESTMENT AMOUNT CHALLENGE .....</b>	<b>3</b>
<b>PART V - RELEASE, CERTIFICATION AND SIGNATURE .....</b>	<b>4</b>

### **PART I - CONTACT INFORMATION**

**If your name and/or address as set forth above is incorrect, please provide updated or correct information here:**

Last Name

First Name

Company/Entity Name (if Settlement Class Member is not an individual)

Address Line 1

Address Line 2 (If Applicable)

City

State

Zip Code

Foreign Country

**Please also provide the following contact information:**

Contact Name (if Settlement Class Member is not individual)

Telephone Number

Alternate Telephone Number (Not required)

Email Address (Not required, but if you provide an email address, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)



## PART II - GENERAL INSTRUCTIONS

A. This Claim Form and Release ("Claim Form") must be executed by the Settlement Class Member or by an authorized representative or representatives of the Settlement Class Member who has (or have) the authority to bind the Settlement Class Member to this Claim Form.

B. It is important that you read and understand the Notice of (I) Pendency of Class Action and Proposed Settlement, (II) Settlement Fairness Hearing, and (III) Motion for Attorneys' Fees and Reimbursement of Litigation Expenses (the "Settlement Notice") that accompanies this Claim Form, including the Plan of Allocation set forth in the Settlement Notice. The Settlement Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Settlement Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read and understand the Settlement Notice, including the terms of the releases described therein and provided for herein.

C. TO RECEIVE A DISTRIBUTION IN THE SETTLEMENT, YOU MUST MAIL A COMPLETED AND SIGNED CLAIM FORM TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, **POSTMARKED NO LATER THAN JANUARY 14, 2013**, ADDRESSED AS FOLLOWS:

***Barron v. Igochnikov***  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9349  
Dublin, OH 43017-4249

If you fail to submit a timely, properly addressed, and completed Claim Form, your claim may be rejected and you may be precluded from receiving any proceeds from the Settlement.

D. IF YOU ARE NOT A SETTLEMENT CLASS MEMBER OR IF YOU FILE A REQUEST FOR EXCLUSION FROM THE SETTLEMENT CLASS, YOU SHOULD NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU SUBMIT A VALID REQUEST FOR EXCLUSION.

E. Settlement Class Members will be bound by the terms of any judgments or orders entered in the Action, WHETHER OR NOT A CLAIM FORM IS SUBMITTED, unless they submit a valid request for exclusion from the Settlement Class. As described in the Settlement Notice, the Judgment will release and enjoin the filing or continued prosecution of the Released Plaintiff Claims against the Released Defendant Persons.

F. Any authorized representative executing this Claim Form on behalf of a Settlement Class Member must (a) state on the signature page in Part V below the capacity in which he or she is acting; and (b) submit written documentation with this Claim Form evidencing his or her current authority to execute this document on behalf of the Settlement Class Member.

G. Your "Investment Amount" under the Plan of Allocation (which will be used to determine your pro rata share of the Settlement proceeds) has been provided by Defendants. **If you do not dispute the "Investment Amount" set forth in Part III below, then you are not required to submit any account statements or other materials with this Claim Form to establish the amount of your claim under the Settlement.** If, however, you wish to challenge the calculation of your "Investment Amount" (i.e., your equity investment in Selectinvest ARV LP as of November 1, 2008), please check the box in Part IV below and follow the instructions in Part IV for submitting an Investment Amount Challenge. Regardless of whether you submit an Investment Amount Challenge or not, if you submit a signed Claim Form, you are agreeing to stay in the Settlement Class. The only way to exclude yourself from the Settlement Class is by following the instructions set forth in paragraph 61 of the Settlement Notice.





## PART V - RELEASE, CERTIFICATION AND SIGNATURE

**Release of Claims:** I (we) hereby acknowledge, that as of the Effective Date of the Settlement, pursuant to the terms set forth in the Stipulation, I (we) shall have and be deemed to have released, waived, discharged, and dismissed each and every Released Plaintiff Claim, and shall forever be enjoined from prosecuting any or all Released Plaintiff Claims, against any Released Defendant Person.

### CERTIFICATION:

By signing and submitting this document, each Settlement Class Member (or Claimant) certifies, as follows:

1. I am a Settlement Class Member or I am authorized to execute this Claim Form on behalf of the Settlement Class Member, and have submitted written documentation evidencing my authority to do so;
2. I have read and understand the contents of the Settlement Notice and this Claim Form, including the releases provided for in the Settlement;
3. I have **not** submitted a request for exclusion from the Settlement Class;
4. I submit to the jurisdiction of the Court with respect to the claim and for purposes of enforcing the releases set forth herein;
5. I agree to furnish such additional information with respect to this Claim Form as Plaintiff's Counsel, the Claims Administrator or the Court may require;
6. I waive the right to trial by jury, to the extent it exists, and agree to the Court's summary disposition of the determination of the validity of the claim made by this Claim Form;
7. I acknowledge that I will be bound by and subject to the terms of any judgment that may be entered in the Action;
8. I am NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding. **If the IRS has notified you that you are subject to backup withholding, please strike out the language in the preceding sentence indicating that you are not subject to backup withholding in the certification above;**
9. Unless I have checked the box in Part IV above (Investment Amount Challenge), I do not dispute the calculation of my Investment Amount as set forth in Part III above; and
10. [Applicable only if you are submitting an Investment Amount Challenge] I swear or affirm, subject to penalties of perjury under applicable state and federal laws, that the documentation submitted in support of any Investment Amount Challenge consist of true and correct copies of legitimate documents, and that the Investment Amount Challenge has not been submitted for any fraudulent purpose.

### SIGNATURE:

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

\_\_\_\_\_  
Signature of Settlement Class Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Signature of Settlement Class Member (Joint Claimant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

***If the Settlement Class Member is other than an individual, or is not the person completing this form, the following also must be provided:***

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Capacity of Authorized Representative (e.g., Trustee, General Partner, Corporate Officer, Custodian, etc.)

Please provide written documentation with this Claim Form evidencing your current authority to execute this document on behalf of the Settlement Class Member.



THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN JANUARY 14, 2013,  
AND MUST BE MAILED TO:

*Barron v. Igolnikov*  
c/o The Garden City Group, Inc.  
Claims Administrator  
P.O. Box 9349  
Dublin, OH 43017-4249

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by January 14, 2013 and if a postmark is indicated on the envelope and it is mailed by first-class mail and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Claims Administrator.

### REMINDER CHECKLIST

1. Please be sure that the above release and certification has been signed by the Settlement Class Member(s) or an authorized representative or representatives.
2. Please do not highlight any portion of this Claim Form or supporting documentation if an Investment Amount Challenge is made.
3. Keep for your own records copies of the completed Claim Form and any supporting documentation if an Investment Amount Challenge is made.
4. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your Claim Form is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at 1-800-231-1815.
5. If the address identified in Part I above changes in the future, please send the Claims Administrator written notification of the new address.
6. **Remember that to submit a valid claim you DO NOT need to attach copies of ANY documentation in support of the pre-calculated Investment Amount as set forth in Part III above and on the Claim Amount Table next to your ID Number, unless you wish to dispute the calculation of your Investment Amount.** However, if you wish to dispute your pre-calculated Investment Amount, you must follow the procedures and submit copies of the additional documentation set forth in Part IV above. In such event, submit only copies of the supporting documentation. Original documents cannot be returned to you by the Claims Administrator.
7. If you have any questions or concerns regarding the Claim Form, you may contact the Claims Administrator, The Garden City Group, Inc., at the above address or by toll-free phone at 1-800-231-1815.