



**II. If there are deposits or withdrawals other than those listed in Section I above, please list the date and amount of each deposit or withdrawal below. Please attach documentation (cancelled checks, receipts from wire transfers, etc.) verifying the deposit.**

<b>Date</b>	<b>Amount</b>	<b>Proof Attached</b>
_____	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
<b>Total</b>	\$ _____	

Attach additional sheets if necessary. Attach proof for each amount. (See instructions.)

**III. If you contend that you, your creditors, or others acting on your behalf did not receive any of the payments reflected in Section I above, identify the payment and date.**

<b>Date</b>	<b>Amount</b>	<b>Proof Attached</b>
_____	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
<b>Total</b>	\$ _____	

**IV. Were the funds you invested with One West derived from an Individual Retirement Account?**  
 Yes  No

If "Yes", provide the name and address of the trustee for the account.

\_\_\_\_\_  
 \_\_\_\_\_

If the trustee on your IRA account has changed since the account was established, provide documentation evidencing appointment of the new trustee.

V. **If anyone other than the person(s) listed on page 1 of this Proof of Claim own an interest in this account, provide each person's full name, address, phone number and social security number.**

Name	Address	Phone Number	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I swear, under the penalties of perjury, that the statements contained in this Proof of Claim are accurate, true, and correct. I understand that the Receiver and the Court will rely upon the statements received in this Proof of Claim in determining the distribution of assets of the receivership estate.**

I acknowledge that if I have knowingly made misrepresentations in the information set forth in this Proof of Claim, I may be deemed to have waived my right to any recovery from the receivership estate. I also acknowledge that the Receiver or the Court may refer to the appropriate prosecutor's office any matter involving misrepresentations made on a Proof of Claim.

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Date

**The court has ordered that *all claims must be RECEIVED by 5:00 p.m. CDT on MONDAY, SEPTEMBER 27, 2004 or they will be barred and will not be eligible for payment.***

Send completed Proof of Claim to:

**One West Claims Administrator  
501 Elm Street  
Suite 385  
Dallas, TX 75202**