

PROOF OF CLAIM IS TO BE FILED WITH RECEIVER – DO NOT FILE WITH COURT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 15-cv-60082-DIMITROULEAS/SNOW

SECURITIES AND EXCHANGE COMMISSION,

Plaintiff,

v.

FREDERIC ELM f/k/a FREDERIC ELMALEH,
ELM TREE INVESTMENT ADVISORS LLC,
ELM TREE INVESTMENT FUND LP,
ELM TREE 'E'CONOMY FUND LP, and
ELM TREE MOTION OPPORTUNITY LP,

Defendants,

and

AMANDA ELM f/k/a AMANDA ELMALEH,

Relief Defendant.

_____)

PROOF OF CLAIM FORM

CLAIMANT CONTACT INFORMATION:	CLAIM STATUS:
Name of Claimant: _____	<input type="checkbox"/> Check box if you are aware that anyone else has filed a Proof of Claim Form relating to your Claim. <i>(Attach statement giving particulars.)</i>
Name of Person Submitting Form and Relationship to Claimant (if different from Claimant): _____	<input type="checkbox"/> Check box if you have never received any notices from the Receiver.
Name and Address Where Notices Should be Sent:	<input type="checkbox"/> Check box if the address entered on this form differs from the

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Telephone No.: _____ Email Address: _____ Fax No.: _____	address on the envelope sent to you by the Receiver. <input type="checkbox"/> <input type="checkbox"/> 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: _____.
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<p>SEND PROOF OF CLAIM FORM TO:</p> <p>Grisel Alonso, Receiver Michael Moecker & Associates, Inc.</p> <p>MAILING ADDRESS:</p> <p>1883 Marina Mile Blvd., Suite 106 Fort Lauderdale, FL 33315</p>	<p>THIS SPACE IS FOR RECEIVER'S USE ONLY:</p> <p>Claim No.:</p> <p>_____</p>
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PROOF OF CLAIM FORM

INSTRUCTIONS

**PLEASE READ CAREFULLY – FAILURE TO FOLLOW ALL INSTRUCTIONS MAY
JEOPARDIZE YOUR ENTIRE CLAIM**

1. Where to File Proof of Claim.

This form must be completed in accordance with the instructions below and timely filed with Grisel Alonso, Receiver, Michael Moecker & Associates, Inc., 1883 Marina Mile Blvd., Suite 106, Ft. Lauderdale, FL 33315.

2. Deadline for Filing Proof of Claim.

The deadline for filing this Proof of Claim is **June 15, 2018**. Any Proof of Claim not filed or postmarked with the Receiver on or before **June 15, 2018** will be considered untimely and may result in disallowance of the Claim.

3. Who Should File a Claim.

Etopia, LP “Investors of Record.” An Investor of Record is defined as a Person shown to be an investor in the books and records associated with Etopia, LP (hereinafter “Etopia”) as of January 16, 2015. If you believe that you invested funds directly into Etopia and suffered financial injury as a result of your participation in such investment, you should complete and timely submit this Proof of Claim Form to the Receiver. The Receiver recognizes that it is possible that some of the Investors of Record are not the actual beneficial owners (“Actual Beneficial Owners”) of all of the funds that they invested, and may have been raising funds from “Sub-Investors” and then investing those funds through the name of an Investor of Record, or were pooling funds received from a number of “Sub-Investors” under the name of an Investor of Record. The Proof of Claim Form requires all Claimants who are Investors of Record to identify the Actual Beneficial Owners of the funds invested, and to set forth their investment history. Failure to cooperate with the Receiver’s efforts to determine the Actual Beneficial Owners of the funds invested in Etopia may result in total forfeiture by the Investor of Record of that portion of the investment for which the Investor of Record is not the Actual Beneficial Owner. To the extent that you are an Investor of Record, but are not the Actual Beneficial Owner of any of the funds invested, you should still file a Claim, identifying all information relating to any beneficiaries’ investment.

Please note that Investors of Record are only to file claims for funds invested in **Etopia**. If Investors of Record have already filed claims and do not have additional claims to submit related to Etopia, or if Investors of Record already filed claims related to Etopia, it is **not** necessary to file another claim now.

4. Information and Documentation to Be Provided by Claimant.

Each item of information and documentation requested in this Proof of Claim Form will be used by the Receiver in determining each Claimant’s eligibility in any distribution of Receivership

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Property, and in calculating the appropriate amount of each allowed claim, subject to the Court's approval. Please be as detailed and complete as possible with regard to submissions and accounts attached to this form, as it may affect both your eligibility to participate and the amount of your allowed claim. ***Providing false, misleading or incomplete information or incomplete documentation will delay any disbursement made from this Receivership Estate and could jeopardize your distribution altogether.***

5. Claimant Contact Information.

Complete the Claimant Contact Information section on the first page of this Proof of Claim Form, giving the name, address, telephone number, e-mail address and fax number of the Claimant to whom Etopia allegedly owes money or property.

6. Claim Status.

If you have never received any notices from the Receiver about this case, and/or if the address differs from the address on the envelope sent to you by the Receiver, check the appropriate boxes on the form on the first page. If this Proof of Claim Form changes, replaces or supplements a Proof of Claim previously filed by you, check the appropriate box on the form and provide the date the previous Proof of Claim Form was filed. Furthermore, check the appropriate box if anyone else has filed a Proof of Claim Form relating to your Claim, and in an attached statement provide particulars such as who filed the related Proof of Claim Form, its date and amount.

7. Details Regarding Investments and Returns in Etopia – Schedule A.

With respect to any investment(s) as to which you are asserting a Claim, you must complete Schedule A according to the instructions provided with respect thereto. Use additional sheets as necessary. Only include in this Schedule all monies actually transferred directly or indirectly to Etopia, and all monies actually received directly or indirectly from Etopia. This includes profit payments received by you, and principal returned. Your Schedule A should **not** include any undistributed profits or rollovers of undistributed profits. If you are a Sub-Investor, the Receiver does not expect you to be able to track the transfer of your funds into Etopia. Instead, your Schedule A should identify the accounts into which you deposited your investments, all receipts of profit payments and any principal returns received by you, and the source of those payments, if known.

FAILURE TO IDENTIFY ALL FUNDS RECEIVED BY YOU IN CONNECTION WITH YOUR INVESTMENT MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM.

8. Details Regarding “Introducing Party” Fees/Commissions – Schedule B.

The Receiver is aware that some Claimants may have received “introducing party” fees, commissions or other payments in connection with their introduction, whether directly or indirectly, of investors into Etopia. These are referred to collectively as “Commission Payments.” Any Claimant who has received any Commission Payments must identify all such payments received on the attached Schedule B. The Receiver is aware that some of these payments may have been further distributed by a Claimant to other marketers or introducing

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parties, and Schedule B requires such information. Claims will be adjusted to account for these payments.

FAILURE TO IDENTIFY ALL COMMISSION PAYMENTS MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM.

9. Supporting Documents Relating to Investment.

You must attach to this Proof of Claim Form all documents that show that Etopia owes the obligation claimed. These documents must be sufficient to show the source of the funds invested in Etopia, the amount and dates of funds deposited, and the amounts and dates for each payment of funds received from Etopia. (For example, you may want to attach copies of cancelled checks (front and back), carbon checks, wire transfer instructions, wire transfer confirmations, money orders, bank statements, itemized account statements, correspondence, subscription documents, etc.) If documents are not available, you must attach an explanation as to why they are not available.

Please make sure that you sequentially label all of the documents that you produce to the Receiver in connection with your Claim, to ensure that both you and the Receiver have the same record of documents received, and in order to maintain integrity and order among the documents the Receiver receives among numerous documents. The Receiver recommends that you label on the bottom right hand corner of each document using your initials and beginning with the number 001 (e.g. for John Q. Smith, the first page of the production of documents would be labeled "JQS001," the second page "JQS002" and so on). Labeling by hand is acceptable.

DO NOT SEND ORIGINAL DOCUMENTS AT THIS TIME – ONLY SEND COPIES OF DOCUMENTS.

10. Identification of Actual Beneficial Owners of Funds Invested in Etopia.

To the extent that you are an Investor of Record in Etopia, but are not the Actual Beneficial Owner of all of the funds that you invested in your name, you should check the box in Section II.H of the Proof of Claim Form indicating that you are not the Actual Beneficial Owner of all of the funds that you invested, and provide contact information for each separate Sub-Investor whose funds you invested in your name. To the extent that you are a Sub-Investor whose funds were invested in the name of a different Investor of Record, you should check the box so indicating. To the extent that you are an Investor of Record in Etopia and you are also the Actual Beneficial Owner of the funds that you invested, you should check the "No" box.

11. Supporting Documents to Beneficial Ownership of Funds Invested.

The Receiver requires that all Persons submitting a Proof of Claim Form identify and provide supporting documentation verifying the source and Actual Beneficial Owner of the funds invested. To the extent that any portion of the funds invested by you are beneficially owned by some Person other than yourself, you must so indicate and provide the Receiver with contact information for each such Person, describe the relationship between you and each such Person,

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and provide all documents relevant for each such Person holding a beneficial interest in your investment in Etopia with respect to which you are making a claim, and current contact information for each such Person. For example, if your investment constitutes a pooling of funds that you received from others, you must so indicate and provide the information required in this instruction.

To the extent that you are claiming that all or any portion of your investment constitutes funds for which you have sole beneficial interest, you must set forth the source of your funds and provide supporting documentation verifying this source. For example, if you indicate that the funds invested were proceeds of a relative's life insurance policy, you must provide documentation establishing your receipt of such funds and tracing such proceeds to your investment.

12. Questions Seeking Additional Information Relating To Your Investment.

Please answer the questions to the best of your ability. This will assist the Receiver with her investigation efforts, and may lead to the recovery of additional assets.

13. Questions Relating to Credits.

By signing and filing this Proof of Claim Form, you are stating under oath that you have given Etopia credit for ALL payments received from Etopia or any other third-party.

14. No Blank Answers.

If a particular item does not apply to you specifically, write "not applicable." If you do not know the answer to a particular item, write "not known." *Do not leave a question blank. Use additional pages as necessary to provide complete responses.*

15. Signature – Legal Authority to Submit Claim.

The Proof of Claim Form must be signed and dated by the Claimant, or a duly authorized officer or legal representative in the space provided on the final page. To the extent that the signatory is authorized pursuant to a power of attorney or court appointment, documentation of such authority must be provided.

16. Independent Verification of Claims – Requests for Supplemental Information.

All Claims are subject to verification by the Receiver and any professionals and experts she retains. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Claims will not be considered for payment until they have been verified.

17. Acknowledgment of Filing Proof of Claim.

To receive an acknowledgment of the receipt of your Claim, enclose a self-addressed envelope or postcard with your Proof of Claim Form and be certain to provide your email address, as well.

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18. Communications with Receiver.

Any questions about this form or process (including supporting documentation) should be made by e-mail to elmtreeinfo@moecker.com or in writing to the Receiver's office, Michael Moecker & Associates, Inc., Attn: Elm Tree Funds Claims Administrator, 1883 Marina Mile Blvd., Suite 106, Ft. Lauderdale, FL 33315. If you have information that you believe may be helpful to the Receiver, the SEC or any other law enforcement agencies, we encourage you to contact the Receiver's counsel at the above e-mail address.

19. Certification of Truthfulness.

Each Person completing a Proof of Claim Form is required to certify, under penalty of perjury, that all the information contained in this Proof of Claim Form is correct, to the best of such Person's knowledge, and that such Person is authorized by the Claimant to submit the Proof of Claim Form on the Claimant's behalf.

20. Requests for Additional Information or Documentation.

The Receiver may require additional information or documentation. By submitting a Proof of Claim Form, each Claimant agrees to cooperate with the Receiver in these requests. *Failure to provide all such requested information or documentation may result in delays in the claims process or in the partial or complete disqualification of your claim.*

21. Computing Your Claim Amount.

You are not being requested at this time to state an amount you wish to recover through an allowed claim. Using the information provided in and with your Proof of Claim, the Receiver will determine the amount of your allowed claim, if any, and will provide notice to you of such determination, as well as how you might object to the Receiver's determination, in accordance with a Court approved plan of distribution.

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QUESTIONNAIRE

Before completing this form, please read the foregoing Instructions, provided to you along with this Proof of Claim Form.

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

Section I. – Affiliations and Related Parties.

Check the appropriate box for each question. If the answer to any question is yes, please attach an explanation giving details

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | Are you affiliated with or related in any way to any of the Defendants identified in the caption on page 1 of this Proof of Claim Form ("Defendants")? |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a present or former officer, director, employee, representative, independent contractor or agent of any of the Defendants? |
| C. | <input type="checkbox"/> | <input type="checkbox"/> | Are you the legal representative, heir, successor, or assignee of any of the Defendants? |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates or related parties directly or indirectly sell or otherwise market any investment for any of the Defendants? |
| E. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates or related parties directly or indirectly recommend any investments for any of the Defendants (including refer anyone to a salesperson, provide a list of names of possible investors, tell others about the investment, etc.)? |
| F. | <input type="checkbox"/> | <input type="checkbox"/> | Did you or your company or any of your officers, directors, employees, agents, affiliates or related parties receive any money or other compensation or benefit of any nature (such as commission, referral fee, finder's fee, promoter fee, credit on any investment, gift or present) directly or indirectly from any of the Defendants or any other Person connected with Etopia? |

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Section II. – Relationship of Claimant to Etopia.

Please review Instructions carefully before completing this section.

Check the appropriate box for each question, and supply additional information as requested.

	Yes	No	
G.	<input type="checkbox"/>	<input type="checkbox"/>	Did you invest any funds directly and in your own name into Etopia (i.e., were you an “Investor of Record”)?

H.	<input type="checkbox"/>	<input type="checkbox"/>	Did you invest funds indirectly into Etopia through another Person (i.e., were you a “Sub-Investor”)? (If the answer to this question is YES, please state the name of the Person through which your funds were invested in Etopia, and provide the contact information sought below.)
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Person through which funds were invested: _____

Contact Person: _____

Address: _____

Telephone No.: _____

E-Mail address: _____

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- I. Did you enter into any written agreement(s) relating to your investment?
- J. Do you possess a copy of such written agreement(s)? (If the answer to this question is YES, please produce copies of any such agreement with your Proof of Claim Form.)
- K. Did you ever send or receive any written communication(s) relating to your investment?
- L. Do you possess a copy of such written communication(s)? (If the answer to this question is YES, please produce copies of all such communications with your Proof of Claim Form.)

Section III. – Investment History – Schedule A.

All Claimants must complete Schedule A – Investment History.

Please review Instruction 7 carefully before completing this schedule.

You should attach additional sheets as necessary.

YOUR CLAIM WILL NOT BE CONSIDERED UNLESS YOU COMPLETE SCHEDULE A.

Section IV. – Documents Relating to Investment History.

All Claimants must provide documentation verifying their investment history, including the submission of periodic (e.g., monthly, quarterly, etc.) bank statements showing all receipts and payments of any funds relating to Etopia, back detail (such as wire transfer confirmations and fronts and backs of checks), and any and all correspondence, including emails or texts, reflecting, confirming or otherwise relating to receipts and payments of funds.

Section V. – Identification of Actual Beneficial Ownership of Funds Invested.

Check the appropriate box for each question, and supply additional information as requested.

Yes No

- M. Are you the Actual Beneficial Owner of all of the funds that you invested in Etopia? (If you are not the Actual Beneficial Owner of the funds invested, please attach a list of all Sub-Investors whose funds you invested in Etopia, and, for each Sub-Investor: (i) provide current contact information; (ii) set forth the entire investment history of such Sub-Investor including all payments received from such Sub-Investor and all payments made to such Sub-Investor; and (iii) produce all documents in your possession relating to such Sub-Investor’s investment. To the extent

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that you were the Actual Beneficial Owner of some but not all of the funds that you invested in Etopia, you should check “NO,” and provide separate investment histories with respect to both the aggregate investment made by you and the component of such investment that comprises funds that you beneficially owned.)

Section VI. – Documentation of Actual Beneficial Ownership of Funds.

Please review Instruction 11 carefully before completing this schedule.

You are required to provide documentation establishing your ownership of funds invested in Etopia. This includes, but is not limited to, bank or other financial records for each account out of which funds were invested or into which any payments were received.

Section VII. – “Introducing Party” Fees, Commissions, Other Payments – Schedule B.

Please review Instruction 8 carefully before completing this schedule.

All Claimants who have received any “introducing party” fees, commissions or payments in connection with Etopia or any related fund must complete Schedule B – “Introducing Party” Fees, Commission or Other Payments.

You should attach additional sheets as necessary.

FAILURE TO IDENTIFY ALL SUCH PAYMENTS MAY RESULT IN FORFEITURE OF YOUR ENTIRE CLAIM.

Section VIII. –Additional Information.

Please attach additional documents as needed.

N. Who introduced you to the investment that is the basis for your Claim and who was the person(s) with whom you communicated about the investment?

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- O. Describe in detail how you learned about the investment that is the source of your Claim, and provide all relevant details concerning the investment from first learning of it through the date the Receiver was appointed. (Please provide a narrative of the details.)
- P. What is the source of the funds you invested? (For example, personal savings, borrowed funds, funds invested on behalf of others, etc.)
- Q. How did you first learn that you should file this Proof of Claim Form?
- R. Have you made any attempts, including the filing of any lawsuit, to retrieve your investment, apart from any attempts made through this claims process? *(If the answer to this question is YES, provide a narrative of all such attempts, with whom you communicated, the response you received, and produce all documentation of any such attempts. If you have filed any Claim with any court or in any proceeding, please identify what you have filed and where, and provide any copies and all documentation submitted in connection with any such Claim.)*

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- S. Did you at any time, other than the investment(s) described in this Proof of Claim Form, have business dealings with Frederic Elm? If so, please describe those business dealings in detail.
- T. Have you received any monies from Etopia at any time, other than in connection with the investment(s) described in this Proof of Claim Form? If so, please explain.
- U. Have you made any investment in Etopia which is not reflected in this or any other Proof of Claim Form? (If the answer to this question is YES, complete Schedules A and B, and also comply with Sections IV, V, and VI, with regard to this investment. Furthermore, explain why you have not filed a Proof of Claim Form with regard to that investment.)

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- V. Have you had any communications with any of the Defendants and/or anyone formerly affiliated with them regarding retrieving or recovering any part of your investment in the Etopia? (If the answer to this question is YES, please provide a written narrative of all such communications, stating with whom you communicated, how the communication came about, what agreements, if any, you reached, and please produce all documentation related to these discussions.)

I am a signatory to each of the accounts listed above and am duly authorized to provide such consent.

CLAIMANT

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Certification of Truthfulness

Pursuant to 28 U.S.C. § 1746, I, the undersigned, hereby certify, under penalty of perjury, and pursuant, that all of the information provided in this Proof of Claim Form, including all Schedules and attachments to the Proof of Claim, is true and correct and that the undersigned is authorized to make this Claim. By initialing each item below, I specifically certify that:

		Initial
1.	I have read the Instructions to the Proof of Claim Form prior to completing the Proof of Claim Form.	_____
2.	I have identified in Schedule A to the Proof of Claim Form all of my investments into Etopia or related investment program, and all Profit Payments and Principal Returns that I have received at any time since the beginning of my participation in such investment to the present.	_____
3.	I have identified in Schedule B to the Proof of Claim Form all “Commission Payments” that I have received in connection with my direct or indirect introduction of investors to Etopia or any successor or related investment program.	_____
4.	I have identified, to the best of my knowledge, the Actual Beneficial Owners of the funds that I invested in Etopia or related investment program.	_____
5.	I acknowledge a duty on my part to supplement or amend this Proof of Claim Form to disclose a material change with respect to any answer or information provided in connection herewith.	_____

Signed, under penalty of perjury, this _____ day of _____, 2018.

Signature: _____

Print Name: _____

Name of Claimant: _____

Relationship to Claimant (Title): _____

[Sign and print name, the name of the Claimant on whose behalf you are submitting this Claim and your relationship to the Claimant. If you are signing on behalf of the Claimant, state the basis for your authorization to sign on behalf of claimant, and attach any power of attorney or other relevant authorization.]

SCHEDULE A

INVESTMENT HISTORY

(Use additional sheets as necessary)

Name of Claimant: _____

Date of Transaction (month/day/year)	Funds invested (\$ amount)	Payments received from Etopia (\$ amount)	Bank account information (include name of bank, branch, account holder name, account number)	Method of investment / payment (e.g., check, wire transfer)	Counterparty	Counterparty bank information, if known (include name of bank, branch, account holder name, account number)	Are you producing along with your Proof of Claim Form documents reflecting or relating to this transaction? (Yes or No)

SCHEDULE B

COMMISSION PAYMENTS
(Use additional sheets as necessary)

Name of Claimant: _____

Date of Transaction <small>(month/day/year)</small>	Amount of commission payments received <small>(\$ amount)</small>	Bank account information for Claimant Account into which payment received <small>(include name of bank, branch, account holder name, account #)</small>	Payor Name	Bank account information re payor of commission payments if known <small>(include name of bank, branch, account holder name, account #)</small>	Transfers of Funds by Claimant to Other Marketers / Introducing Parties <small>(\$ amount)</small>	Name of Recipient of Commission Payments Transferred by Claimant	Counterparty Bank information, if known <small>(include name of bank, branch, account holder name, account number)</small>	Are you producing along with your Proof of Claim Form documents reflecting or relating to this transaction? <small>(Yes or No)</small>