



SEC v Strong Invest Mgmt Fair Fund  
c/o GBP / PACE Claims Fund Administrator  
200 American Metro Blvd – Suite 129  
Hamilton, NJ 08619

**CERTIFICATION FORM**

**WRITE NAME AND ADDRESS BELOW:**

Name:

Street Address:

City, State Zip Code:

Foreign Province and/or Foreign Postal Code (if applicable):

Foreign Country Name/Abbreviation (if applicable):

Email Address:

**PART I: RECOGNIZED LOSS AMOUNT CONFIRMATION**

Please check this box if you certify that the Recognized Loss Amount set forth on page 2 of the Distribution Plan Notice are correct. ☐

**Only if you disagree** with the Recognized Loss Amount set forth in the Distribution Plan Notice, please designate the adjusted Recognized Loss Amount below.

Adjusted Recognized Loss: \$

You must provide supporting documentation for your adjusted Recognized Loss Amount.<sup>1</sup>

**PART II: PAYEE CONFIRMATION**

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

**ELIGIBLE CLAIMANT (Injured claimants, lawful heirs or successors)**

First Name

Middle Last Name

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

First Name

Middle Last Name

\* In order to receive payment on behalf of an Eligible Claimant, a successor, heir, administrator, or other person authorized to act on an Eligible Claimant's behalf must provide proper supporting documentation validating their identity as the lawful recipient.<sup>2</sup>

<sup>1</sup> By designating an adjusted Recognized Loss Amount, your response constitutes a Dispute and must be emailed or postmarked no later than 60 days from the date of the notice. Your documentation should detail why the calculation in the Distribution Plan is not accurate in two pages or less, double spaced. Attach the documentation to the Certification Form.

<sup>2</sup> At a minimum, a copy of a death certificate must be submitted to demonstrate that an Eligible Claimant 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: TAX CERTIFICATIONS

The interest component of your distribution payment is U.S. source income. To ensure that the Fair Fund can comply with its reporting and/or withholding obligations, please complete and provide the Administrator of the Distribution Fund with one (1) of the following forms, as applicable:

- IRS Form W-9; **OR**
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form

If you are a U.S. person, as that term is defined below, then you should complete the Substitute IRS Form W-9 below.

If you are **not** a U.S. person, then you should **not** complete the Substitute IRS Form W-9 below. Instead, you should complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: \_

<https://www.irs.gov/forms-instructions>

The term “U.S. person” means:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia,
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code § 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person.

If the Fair Fund does not receive a valid and complete Form W-9 or W-8 from you, the Fair Fund may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Fair Fund may be required to presume the interest is being paid to: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act (“FATCA”) and reporting on Form 1042-S; (2) a nonresident alien of the U.S. (“NRA”) subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Form 1099-INT.

**Substitute Form W-9**  
**Taxpayer Identification Number Certification**

Social Security Number / Employer Identification Number: \_\_\_\_\_

Exempt Payee Code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

Check appropriate box for federal tax classification:

☐ Individual ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Other \_\_\_\_\_

☐ Limited Liability Company - choose tax classification ☐ C Corporation ☐ S Corporation ☐ Partnership

Print your name as it appears on your federal income tax return:

\_\_\_\_\_  
First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Note:** If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature  
of U.S. Person: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV: 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.

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, e.g., Beneficial Purchaser or Acquirer, Executor or Administrator)

**IF YOU ARE *DISPUTING* YOUR ELIGIBLE LOSS AMOUNT IN PART I, THIS CERTIFICATION FORM MUST BE EMAILED OR POSTMARKED NO LATER THAN 60 DAYS FROM THE DATE OF THE NOTICE.**

**IF YOU ARE *CONFIRMING* YOUR ELIGIBLE LOSS AMOUNT IN PART I, THIS CERTIFICATION FORM MUST BE EMAILED OR POSTMARKED NO LATER THAN 90 DAYS FROM THE DATE OF THE NOTICE.**

**PLEASE RETURN THE CERTIFICATION FORM TO VIA EMAIL OR US  
MAIL TO:**

SEC v Strong Invest Mgmt Fair Fund  
c/o GBP / PACE Claims Fund Administrator  
200 American Metro Blvd - Suite 129  
Hamilton, NJ 08619

Via Email: [strongsupport@fundadministratorGBP.com](mailto:strongsupport@fundadministratorGBP.com)

Website: [strong.fundadministratorgbp.com](http://strong.fundadministratorgbp.com)

Support: 1-833-410-9090