

**CUSTOMER CLAIM FORM  
LEGEND SECURITIES, INC.  
DIRECT PAYMENT PROCEDURE**

Claim Number _____
Date Received _____ <i>(for SIPC use only)</i>

Last Five Digits of Account No.: \_\_\_\_\_

Provide your office and home telephone numbers and email address:

OFFICE: \_\_\_\_\_

HOME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Last Four Digits of Taxpayer I.D. Number  
(Social Security No.)

\_\_\_\_\_

(If incorrect, please change)

**PLEASE NOTE**

- **A SEPARATE CLAIM FORM MUST BE FILED FOR EACH ACCOUNT.**
- **TO RECEIVE THE FULL PROTECTION AFFORDED UNDER THE SECURITIES INVESTOR PROTECTION ACT, YOUR CUSTOMER CLAIM MUST BE RECEIVED BY THE SECURITIES INVESTOR PROTECTION CORPORATION (“SIPC”) ON OR BEFORE APRIL 20, 2018.**
- **ABSOLUTELY NO CLAIM WILL BE ALLOWED IF IT IS RECEIVED AFTER APRIL 20, 2018.**
- **ALL CLAIMS ARE DATED AS OF THE DATE RECEIVED BY SIPC.**
- **PLEASE SEND YOUR CLAIM TO SIPC BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED or with a comparable method of mailing which provides you with proof of receipt by SIPC. Proof of the timely receipt of a statement of claim by SIPC is the sole responsibility of the claimant.**
- **IF YOU BELIEVE YOU HAVE A CLAIM FOR PROPERTY OWED TO YOU BY THE BROKER, YOU MUST FILE A CLAIM TO PROTECT YOUR RIGHTS.**

This customer claim form must be completed and promptly submitted, together with supporting documentation, to:

Securities Investor Protection Corporation  
Direct Payment Procedure  
Legend Securities, Inc.  
1667 K Street, N.W., Suite 1000  
Washington, DC 20006

**1. CLAIM FOR MONEY BALANCES AS OF OCTOBER 20, 2017:**

- a. The Broker owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
- b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_

**2. CLAIM FOR SECURITIES AS OF OCTOBER 20, 2017:**

**Please do not claim any securities you have in your possession or are in an account for you at another broker.**

- |   |            |           |
|---|------------|-----------|
|   | <u>YES</u> | <u>NO</u> |
| a. The Broker owes me securities        | _____      | _____     |
| b. I owe the Broker securities          | _____      | _____     |
| c. If yes to either, please list below: |            |           |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		Broker Owes Me (Long)	I Owe Broker (Short)

**WHEN COMPLETING THE ABOVE PLEASE KEEP IN MIND:**

- If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate that your claim is an estimated claim.
- Proper documentation can speed the review, allowance and satisfaction of your claim.
- Please enclose, if possible: copies of your last account statement; purchase or sale confirmations; copies of checks which relate to the securities or cash you claim; and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim.
- Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement.
- If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since October 20, 2017? If so, please explain.	_____	_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the Broker?	_____	_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the Broker?	_____	_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the Broker? If so, give name(s).	_____	_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the Broker on your behalf? Give names, addresses and phone numbers.	_____	_____
9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give the name of that broker.	_____	_____

Please list the full name and address of anyone assisting you in the preparation of this claim form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$250,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, *e.g.*, corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)