

FORM T-1  
To Be Completed By Seller/Transferor

**MADOFF VICTIM FUND**  
Distribution Vehicle for Forfeited Assets  
on behalf of the



**UNITED STATES DEPARTMENT OF JUSTICE**

*All submissions to the Madoff Victim Fund will be considered only if they are verified under the penalty of perjury pursuant to 28 U.S.C. § 1746.*

If you believe you have sold or transferred a right to a remission claim against the Madoff Victim Fund (“MVF”), please complete this Form T-1.

Under federal regulations governing the remission of forfeitures, a claim for a remission payment from the MVF is not transferable.<sup>1</sup> ***Only victims of the Madoff fraud are eligible to submit a claim to the MVF.*** Federal law defines a “victim” as “any person” who suffered a “pecuniary loss” as a “direct result” of a crime. For purposes of the MVF, you qualify as a victim if you lost your own money as a direct result of investments that were rendered worthless by the Madoff fraud.

However, claim purchasers/transferees, who are the current claim holders and not subject to disqualification, may be able to receive payment from the MVF. Where a victim has entered into an agreement intending to sell/transfer a remission claim, MVF may direct any payments that the victim would receive to the claim purchaser/transferee, if the parties confirm the intended transfer as required by the ratification process MVF has established. As part of this process, the parties will also be required to identify intermediate purchasers/transferees, if any.

***Please see our website for more information regarding the ratification process and requirements.***

***This Form T-1 must be mailed to MVF and postmarked before the claims bar date published on the MVF website.***

<sup>1</sup> Nevertheless, for ease of reference, we will refer throughout to the “victim” as such and to the person purporting to purchase the claim as the “claim purchaser.”

# I Direct Investor Information

Please type or print using blue or black ink

Account Information	<p><b>Madoff Securities Account Number</b> that your money was invested in</p> <input type="text"/>	<p>SIPA Claim ID (if known) <input type="text"/></p>
	<p>Name on Madoff Securities Account</p> <input type="text"/>	
Primary Claimant	<p>Claimant's (Investor's) Name</p> <input type="text"/>	
	<p>Tax ID (Check one) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Foreign ID</p>	
	<p><input type="text"/> (If Foreign ID, provide country) _____</p>	
Joint Claimant	<p>Joint Claimant's Name (if any)</p> <input type="text"/>	
	<p>Tax ID (Check one) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Foreign ID</p>	
	<p><input type="text"/> (If Foreign ID, provide country) _____</p>	
Investor's Mailing Address	<p>Attention</p> <input type="text"/>	
	<p>Street Address</p> <input type="text"/>	
	<p>City, State/Province, Postal Code</p> <input type="text"/>	
	<p>Country</p> <input type="text"/>	
Investor's Contact Information	<p>Daytime Phone</p> <input type="text"/>	<p>Alternate/Cell Phone</p> <input type="text"/>
	<p>Contact Name (if other than primary claimant)</p> <input type="text"/>	
	<p>E-mail Address or Website</p> <input type="text"/>	

## II Transaction Details and Contact Information

The information provided below concerns my sale or transfer of Madoff Securities bankruptcy claims and/or the purported sale or transfer of my MVF remission claim. **Attached to this Petition is a true, correct and complete copy of the agreement by which I transferred my claim in the Madoff Securities bankruptcy and/or my remission claim with MVF.**

Which claim(s) did you sell or transfer?  Bankruptcy claim only  
 MVF Remission claim only  
 Both Bankruptcy and MVF Remission claims  
 Any other litigation or arbitration claim

Date of Transaction \_\_\_\_\_

Consideration Received  
(Sale Price) \_\_\_\_\_

Please provide contact information for the counterparty to the transaction:

Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Copies of Any Agreement(s)  Enclosed

Are You Aware of Any Subsequent Sale or Transfer?  NO  YES (Please provide any known details below.)

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

### III Certification

A. **CERTIFICATION.** The undersigned represents and certifies under penalty of perjury that:

1. All personal and transactional information is complete and accurate to the best of the undersigned's knowledge.
2. He/she/it consents to the use by the U.S. Department of Justice, the MVF and its staff, and any of the Department's agents of any of the information provided herein for any purpose relating to this claims and remission process, including verifying the Petition or the identity of the Petitioner. This information includes, but is not limited to, the Social Security Number (or taxpayer identification number or similar foreign identifying information), address, telephone number and brokerage account information of the persons involved in any claim.

**Each of the undersigned declares under penalty of perjury under the laws of the United States of America (and the applicable laws of any other jurisdiction) on information and belief that the information contained herein, the statements made and the answers given are true and correct and that any documents submitted herewith are true and genuine.**

Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in  
(Month) (Year)  
\_\_\_\_\_  
(City, State, Country)

Claim Seller/Transferor
_____ Authorized Signature
_____ Type/print name
_____ Title
_____ Name of Entity
_____ Capacity of persons signing above