**PV FORM T-1**
To Be Completed By PV 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”), on behalf of your underlying investors, please complete this PV Form T-1.

## I Pooled Investment Vehicle Information

*Please type or print using blue or black ink*

<table>
<thead>
<tr>
<th>Madoff Securities Account Number</th>
<th>that your investor’s money was ultimately invested in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on the Madoff Securities Account</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the Pooled Investment Vehicle</th>
<th>(if different from the Madoff Securities Account)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax ID</td>
<td>(Check one) SSN EIN Foreign ID</td>
</tr>
<tr>
<td>(If Foreign ID, provide country)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Liquidator or Administrator (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
</tr>
<tr>
<td>Operating Closed / Defunct In Liquidation Other:</td>
</tr>
</tbody>
</table>

Madoff Victim Fund · www.madoffvictimfund.com · (866) 624-3670
P.O. Box 6310 · Syracuse, NY · 13217-6310
<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attention</strong></td>
<td><strong>Daytime Phone</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Alternate/Cell Phone</strong></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City, State/Province, Postal Code</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td><strong>Contact Name (if other than primary claimant)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>E-mail Address or Website</strong></td>
</tr>
</tbody>
</table>
II Transaction Details and Contact Information

The information provided below concerns the sale or transfer of the pooled vehicle’s Madoff Securities bankruptcy claims and/or the purported sale or transfer of any MVF remission claim on behalf of its underlying investors. Attached to this Form is a true, correct and complete copy of the agreement by which the pooled vehicle transferred the Madoff Securities bankruptcy and/or remission claim.

- 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

The undersigned represents and certifies that all transactional information provided herein is complete and accurate to the best of the undersigned’s knowledge.

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)

PV Claim Seller/Transferor

______________________________________________
Authorized Signature

______________________________________________
Type/print name

______________________________________________
Title

______________________________________________
Name of Entity

______________________________________________
Capacity of person signing above