

**HOPE ADVISORS FAIR FUND  
CERTIFICATION FORM**

***SEC v. Hope Advisors, et al., Case No. 1:16-cv-01752-LMM (N.D. GA)***

In order to be potentially eligible to receive a Distribution Payment from the above referenced matter, you must complete, sign and return this Certification Form no later than **May 17, 2021**. Please read carefully the Distribution Plan Notice, which accompanies this Certification Form, and the Distribution Plan, found on the website dedicated to this matter: [www.HopeAdvisorsFairFund.com](http://www.HopeAdvisorsFairFund.com). If you have questions, please contact the Distribution Agent:

Hope Advisors Fair Fund  
c/o JND Legal Administration  
P.O. Box 91379  
Seattle, WA 98111  
Toll-free: (877) 313-0224

Investor Full Name (if different from above): \_\_\_\_\_

Investor Account (if different from above): \_\_\_\_\_

If Account is an IRA, Roth IRA, or other non-individual account, Custodian Name to be included on a check "in care of": \_\_\_\_\_

Investor Address (if different from above): \_\_\_\_\_

Investor Email Address and Cell Phone: \_\_\_\_\_

In accordance with the Plan of Distribution, I confirm the calculated Recognized Loss and understand that my potential Distribution Amount will be my *pro rata* share of the Net Available Fair Fund, based on this Recognized Loss amount.

I declare under penalty of perjury that all of the information on this Certification is true, correct, and complete.

Executed on \_\_\_\_\_, 2021.

\_\_\_\_\_  
Print Investor's Full Name

\_\_\_\_\_  
Investor's Signature