

SEC v DFRF - Distribution Fund  
c/o GBP/PACE Claims Services, DFRF Distribution Agent  
200 American Metro Blvd – Suite 129  
Hamilton, NJ 08619

Encuentre este Formulario de Reclamación en Español en [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com).  
Encontre este Formulário de Reivindicação em Português em [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com).

## **DFRF DISTRIBUTION FUND CLAIM FORM**

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### **GENERAL INFORMATION**

#### **THIS FUND IS TO COMPENSATE INVESTORS BASED ON LOSSES OF DFRF MEMBERSHIPS PURCHASED ON JUNE 1, 2014, THROUGH JUNE 30, 2015.**

To be eligible to participate in the DFRF Distribution Fund, your completed Claim Form must be submitted to the Distribution Agent, electronically or sent by U.S. First Class mail (or equivalent common carrier) by December 19, 2025.

**Failure to submit a timely and properly completed Claim Form may result in your claim being rejected.**

Please read the DFRF Distribution Plan Notice carefully before filling out the Claim Form. The Plan Notice is available at <https://www.DFRFDistributionFund.com/Documents>.

If you have any questions about the Plan Notice or this Claim Form packet, please contact the Distribution Agent, GBP, at [Support@DFRFDistributionFund.com](mailto:Support@DFRFDistributionFund.com) or 1-833-373-3535.

**We strongly encourage electronic filing of your Claim Form through the Fund's secure website: [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com)**

Electronically filing your claim through the secure website allows you to avoid mailing sensitive documents and easily track the receipt and review of your claim.

Detailed instructions for registering, submitting your claim and documentation, and tracking your claim are available at [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com)

## **TWO OPTIONS TO SUBMIT A CLAIM FORM**

**#1. We strongly encourage electronically filing your Claim Form through the Fund's secure website: [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com)**

Register for an account at [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com)

Input your information in the electronic Claim Form.

- a. Upload support for the memberships, name changes, and any other relevant documentation.
- b. To be eligible to share in the proceeds of the DFRF Distribution Fund, your completed Claim Form must be submitted for the Distribution Agent's review by **December 19, 2025.**

**The benefits of secure electronic submission at [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com) include:**

- Avoid mailing sensitive documents and save on postage.
- Have 24/7/365 ability to easily track the status of your claim.
- Quickly and easily resolve any data or documentation issues found during the Distribution Agent's review of your claim.

**#2. Fill out and mail this packet's Claim Form with supporting documentation:**

- a. Fill out sections I, II, and III of this Claim Form.
- b. Sign the Claim Form Certification in Part III.
- c. Mail your populated Claim Form pages, along with support for the memberships, name changes, and any other relevant documentation, via U.S. First Class mail (or equivalent common carrier), postmarked by **December 19, 2025**, to:

SEC v DFRF - Distribution Fund  
c/o GBP/PACE Claims Services, DFRF Distribution Agent  
200 American Metro Blvd – Suite 129  
Hamilton, NJ 08619

## **CLAIM FORM PART I - CLAIMANT IDENTIFICATION**

Only use this paper form if you are *NOT* submitting your claim securely at [www.DFRFDistributionFund.com](http://www.DFRFDistributionFund.com)

### **Claimant or Representative Contact Information:**

The Distribution Agent will use this information for all communications relevant to this claim. If this information changes, you MUST notify the Distribution Agent in writing at the address in this packet or by email at [Support@DFRFDistributionFund.com](mailto:Support@DFRFDistributionFund.com).

### **ALL OF THE BELOW FIELDS ARE REQUIRED**

<b>Claimant/Beneficial Owner Name</b> + <b>SSN/ITIN or EIN or Foreign TIN/GIIN</b>					
<b>Joint Claimant Name</b> (If applicable) + <b>SSN/ITIN or EIN or Foreign TIN/GIIN</b>					
<b>Residential Address</b>	Number & Street	City	State	Zip	Country
<b>Mailing Address</b> (if different from residential address)	Number & Street	City	State	Zip	Country
<b>Email Address</b>			<b>Daytime Phone Number</b>		
<b>Account Number(s)</b>					
<input type="checkbox"/>	<b>If you received the Securities as a gift, inheritance, devise, or by operation of law, check this box. (If checked, you must provide copies of all transfer paperwork.)</b>				

### **COMPLETION OF ALL THE ABOVE FIELDS IS REQUIRED**

### **Information of the Person You Would Like the Distribution Agent to Contact Regarding This Claim**

(If different from the Claimant Information listed above):

<b>Name</b>	Last Name	First Name	Middle Name	Suffix	
<b>Mailing Address</b>	Number & Street	City	State	Zip	Country
<b>Email Address</b>			<b>Daytime Phone Number</b>		

## TAX CERTIFICATIONS

To ensure that the Distribution Fund can comply with its reporting and/or withholding obligations, you must complete and provide the Third-Party with one 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 Section 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 Distribution Fund does not receive a valid and complete Form W-9 or W-8 from you, the Distribution 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 Distribution 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.

If you are not a U.S. Person, as defined above, please locate and complete the IRS Form most applicable to you and include it with your claim packet submission.

**SUBSTITUTE FORM W-9**

## Taxpayer Identification Number Certification

Social Security Number (SSN) or Taxpayer Identification Number (TIN) or Employer Identification Number

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Exempt Payee Code (if any)

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Exemption from FATCA reporting code (if any)

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Check the appropriate box for federal tax classification:

## Individual



Limited Liability Company – Choose Tax Classification: C-Corp      S-Corp      Partnership

Other

1

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

(First Name and Last Name, for Individuals. Entity Name for businesses and trusts/estates)

[illegible]

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 I am exempt from FATCA reporting is correct.

**Certification Instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

Signature of U.S. Person

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## **PART II - SCHEDULE OF TRANSACTIONS IN DFRF MEMBERSHIPS**

***THIS FUND IS TO COMPENSATE INVESTORS FOR THEIR LOSSES FROM PURCHASES OF DFRF MEMBERSHIPS PURCHASED JUNE 1, 2014, THROUGH JUNE 30, 2015, INCLUSIVE.***

***IF YOUR DFRF MEMBERSHIP WAS NOT PURCHASED DURING THIS TIME, OR YOU DID NOT SUFFER A LOSS, OR YOU ARE AN EXCLUDED PARTY, YOU ARE INELIGIBLE TO RECOVER UNDER THIS PLAN. DO NOT SUBMIT A CLAIM.***

**A. Individual Memberships Purchased:** Separately list each purchase of membership(s) in DFRF.

**You must provide** supporting documentation for your membership purchase(s) that includes the proof of purchase details containing the purchase amount. Supporting documentation examples include receipts or statements from DFRF, a copy of the cashed check from your bank, wire/ACH receipts, etc.

Date(s) of Purchase (Month/Day/Year - List Chronologically)	DFRF Account Number / Username	Transaction Comments (e.g., Check Number, ACH/Wire Number, Money Order Number, etc.)	Total Purchase Amount (\$ USD)

**B. DFRF Membership Investment Recovered/Returned to You:** Separately list each amount recovered / returned to you on your purchases, including any dividends, interest, refunds, or other compensation received from DFRF related sources.

Please include supporting documentation for each of your membership recoveries. Supporting documentation examples include a copy of the cashed check from your bank, bank statements, wire/ACH receipts, etc.

Date(s) of Recovery (Month/Day/Year – List Chronologically)	DFRF Account Number / Username	Transaction Type / Comments (e.g., Payment from DFRF, Refund, Interest, Dividends, etc.	Total Recovery Amount Received (\$ USD)

**C. Other Compensation:** Separately list any compensation for the loss that resulted from the conduct alleged in the Complaint that was received from a source other than what you captured in above section B. An example of compensation for this section includes a class action settlement, other claims, and/or lawsuits, etc.

Please include supporting documentation for your other compensation entries. Supporting documentation examples could include a settlement award letter, bank statements, canceled (paid) checks, etc.

Date(s) of Compensation (Month/Day/Year – List Chronologically)	Source of Compensation	Lawsuit, Class Action, Settlement Case Number, or other Identifier	Total Amount of Compensation Received (\$ USD)

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY  
PAGES 6 & 7 AND CHECK THIS BOX ☐

### **PART III - CERTIFICATION AND SIGNATURE**

1. All information or documents you or your Authorized Representative have provided are true, accurate and complete, and in conformance with the requirements of the Plan of Distribution.
2. Third-Party Filers: In accordance with the Plan, Third-Party Filers must have legal authority to submit a Claim Form on behalf of a Claimant. The Distribution Agent GBP, in its discretion, may seek evidence of the Third-Party Filer's authority, including a certification or similar attestation from the Third-Party Filer and/or the Claimant.
3. You understand that the Distribution Agent, GBP, may require additional information to validate or pay your claim, and you understand that your claim may be rejected if you fail to provide the requested information.
4. If submitting a Claim Form on behalf of a corporation, partnership, or other business entity, you certify that you have the legal authority to act on its behalf and execute this Claim Form.
5. You agree that neither GBP nor any of its officers, directors, agents or employees, shall bear any liability for any damages arising from your Claim Form submission, including but not limited to allegations that your claim was wrongfully denied by GBP.
6. You declare under penalty of perjury under the laws of the United States of America that you are NOT:
  - a) Daniel Fernandes Rojo Filho; Romildo Da Cunha; Wanderley M. Dalman; Gaspar C. Jesus; Eduardo N. Da Silva; DFRF Enterprises, LLC; Jeffrey A. Feldman; Heriberto C. Perez Valdes (collectively, the "Defendants"), and the Defendants' advisers, agents, nominees, assigns, heirs, spouses, parents, children, or controlled entities;
  - b) Guidehouse Inc., Baker & Hostetler LLP, and PACE Claims Services LLC (the Court-appointed Distribution Agent), their employees, and those Persons assisting the Distribution Agent in its role as the Distribution Agent;
  - c) any purchaser or assignee of another Person's claim to a recovery from the Distribution Fund for value; provided, however, that this provision shall not be construed to exclude those Persons who obtained the claim by gift, inheritance, or devise; or
  - d) any Person who is confirmed by the Distribution Agent to be subject to sanctions by the United States government, as determined by Executive Orders, the authority of the Department of the Treasury's Office of Foreign Asset Control ("OFAC"), or any other applicable laws of the United States.
7. You have reviewed the information contained in your Claim Form—including all information entered into your Claim Form, and all information contained in the supporting documentation you intend to submit with your Claim Form—and you declare under penalty of perjury under the laws of the United States of America that you are informed and believe, based upon credible information available, including the source, context, and type of documents submitted in support of this claim, that your Claim Form and the information contained therein is true and correct.
8. You consent to the Distribution Agent GBP's and its agents' use of any information provided in the Claim Form, including, but not limited to, Social Security Number or Taxpayer ID, mailing address, email address, and phone number, to verify and process your claim. You understand that the information provided will be processed in the United States, protected by appropriate safeguards, stored for as long as is required to complete the claim verification process and during the pendency of any related judicial proceedings, and shared with agents of the Distribution Agent GBP for purposes of verifying and responding to the claim.
9. Disclosure regarding your use of personal data for residents of the European Economic Area ("EEA"): You understand that you may withdraw your consent at any time, solely related to processing of your personal data, unless there are other legal grounds for processing your personal data. Revocation,



however, will not affect any personal data that the Distribution Agent and its agents have already processed and transferred with your consent. You may exercise certain rights that may be afforded to you under applicable data protection law, including to access, rectify, erase or restrict, or object to the processing of personal data, or make use of the right to data portability by contacting the Distribution Agent at [Support@DFRFDistribution.com](mailto:Support@DFRFDistribution.com). You also can lodge a complaint with the supervisory authority in your country of residence at any time.

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(Sign your name here)

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(Sign your name here)

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(Type or print your name here)

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(Type or print your name here)

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(Capacity of person signing  
e.g., Self, Executor, or Administrator, etc.)

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(Capacity of person signing  
e.g., Self, Executor, or Administrator, etc.)

### **REMINDER CHECKLIST**

1. Ensure that section I, II, and III of this form are fully completed.
2. If this Claim Form is filed on behalf of Joint Claimants, both must sign the Claim Form.
3. Attach documentation to support transactions, name changes, and any other relevant documentation.
4. **DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS.**
5. Keep a copy of your Claim Form and all documentation submitted for your records.
6. If you move, send your new address to the Distribution Agent via mail or email at the address below.
7. Do not use highlighter on the Claim Form or supporting documentation.

**THIS CLAIM FORM MUST BE POSTMARKED NO LATER THAN December 19, 2025.**

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Hamilton, NJ 08619**

**1-833-373-3535**

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