

OFFICIAL COURT-APPROVED CLAIM FORM		SUBMIT FORM TO:	Internal Use Only:
SEC v. Brian Bjork, J. David Group of Companies Inc., Select Asset Mangement LLC et al. Civil Action No. 4:11-CV-02830 (S.D. Tex.)		Steven A. Harr, Receiver c/o Stephen M. Tomasky Quilling, Selander, et al. 2001 Bryan Street, Ste 1800 Dallas, TX 75201	Claim No: SAA- _____ Date Received: _____
NAME: (First) _____ (M.I.) _____ (Last) _____			
COMPANY OR ENTITY NAME: (if applicable) _____	SSN# - PRIMARY (if applicable) _____	TAX ID# (if applicable) _____	
MAILING ADDRESS: _____			
CITY: _____	STATE/COUNTRY: _____	ZIP/COUNTRY CODE: _____	
HOME PHONE: _____	WORK PHONE: _____	CELL PHONE: _____	
E-MAIL ADDRESS: _____		FAX NUMBER: _____	
DETAIL OF INVESTMENT AND RETURNS (Please complete a separate claim form for EACH investment you made):			
Amount of Investment: _____ \$	Date: _____	Money Received Back: _____ \$	Date(s): _____
NET CLAIM: _____ \$			
A) Name or Type of Investment: _____			
B) Who solicited the investment to you: _____			
C) Method of Investment:* Wire <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Rollover <input type="checkbox"/> Cash <input type="checkbox"/> Cashier Check <input type="checkbox"/> Other <input type="checkbox"/> (explain): _____			
D) Were any funds paid back to you?* Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How?: Wire <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> IRA Distribution <input type="checkbox"/> Rollover <input type="checkbox"/> Cash <input type="checkbox"/> Cashier Check <input type="checkbox"/> Other <input type="checkbox"/> (explain): _____			
F) Did you receive any other type of compensation or value from any person, entity or company named in this Receivership relating to this investment or any other investment offering? Please check all that apply. Commissions <input type="checkbox"/> Referral Fees <input type="checkbox"/> Loans (Personal/Business) <input type="checkbox"/> Gifts <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____ If yes, what was the total amount or value received?: \$ _____			
G) Investor Statement: On a separate piece of paper. Please describe your involvement in this investment. How did you come to invest? Who are the person(s) and/or company(ies) that solicited you? What were the details and terms of the investment(s)? Were there any changes? What promises were made/broken? Attach copies of any marketing materials, documents, correspondence (i.e. letter, emails, etc.) that you received. If you have multiple claims you only need to provide one statement for all claims.			
*Supporting Documents: Attach copies of supporting documents, such as canceled checks (front and back), carbon checks, wire instructions, money orders, bank statements, etc. These documents must be sufficient to show the source of the deposited funds, the amounts and dates funds were deposited, and the amounts and dates of all returns sent to you. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain on separate sheet of paper. SEE REVERSE for further instructions.			
Verification of Claims: All claims submitted are subject to verification by the Receiver and approval by the Court. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Claims will not be submitted to the Court for approval until they have been verified.			
Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct. Sign and print the name and title, if any, of the person authorized to file this claim (attach copy of power of attorney, if any):			
_____ (Sign name)		Executed on (date) _____	
_____ (Print or type name)			
PENALTY FOR PRESENTING FRAUDULENT CLAIM:			
FINE OF UP TO \$500,000 OR IMPRISONMENT FOR UP TO 5 YEARS OR BOTH. 18 U.S.C. §§ 152 AND 3571			