

CLAIM FORM

Read the following options, and check the one that applies to your circumstances.

OPTION ONE

_____ I attach to my claim form a) a copy of a credit card receipt or cancelled check evidencing my payment of my FHTMI Independent Representative enrollment fee, or b) a copy of a FHTMI receipt evidencing my payment of my FHTMI Independent Representative enrollment fee. I agree that by submitting this form I am resigning as an Independent Representative of FHTMI and that if FHTMI determines that the documentation I have provided is insufficient, I request that FHTMI perform the research described in Option Two

OPTION TWO

_____ I believe that I was an Independent Representative of FHTMI but do not have any documents in my possession evidencing my payment of my FHTMI Independent Representative enrollment fee. I am thus requesting that FHTMI make a good faith effort through a search of its records to identify my payment of my FHTMI Independent Representative enrollment fee. I agree that by submitting this form I am resigning as an Independent Representative of FHTMI.

PLEASE PRINT LEGIBLY

Claimant's Name

Date of payment of my FHTMI Independent Representative fee

Claimant's Current Address

\$ Amount of payment of my FHTMI Independent Representative fee

Claimant's Address at time of payment of my FHTMI Independent Representative fee (if different from address above)

Claimant's email address

Claimant's Telephone Number

Claimant's Account Number (used to log into site)

I accept all terms of the Notice of Settlement and Claim Procedures

Claimant's Rep Number

Claimant's Signature

Signature Date