

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

PEREGRINE FINANCIAL GROUP, INC.,

Debtor.

Chapter 7

Case No. 12-27488

Hon. Carol A. Doyle

**PRECIOUS METALS DERIVATIVES CUSTOMER CLAIM FORM**  
**PEREGRINE FINANCIAL GROUP, INC.**

Account Name:

Daytime Phone:

Account Number:

Email:

(If multiple, please list  
All Account Numbers)

Address:

Taxpayer I.D. Number

Contact Person:

(Social Security No.):

**PLEASE NOTE**

**THIS CLAIM FORM SHOULD BE USED IF YOU ARE AN OVER-THE-COUNTER PRECIOUS METALS DERIVATIVES CUSTOMER OF PEREGRINE FINANCIAL GROUP, INC. ("PFG") AND YOU HAVE A CLAIM AGAINST PFG BASED ON PRECIOUS METALS ROLLING SPOT (OR OTHER) DERIVATIVES TRANSACTIONS.**

**IF YOU DO NOT HAVE A CLAIM AGAINST PFG BASED ON PRECIOUS METALS DERIVATIVES TRANSACTIONS, PLEASE DO NOT USE THIS FORM.**

**SEPARATE CLAIMS FORMS MUST BE FILED FOR OTHER TYPES OF CLAIMS, INCLUDING HOLDING PHYSICAL PRECIOUS METALS (OR CASH DEPOSITED FOR ACQUIRING PHYSICAL PRECIOUS METALS) AS WELL AS FOR CLAIMS RELATED TO A FUTURES ACCOUNT OR A FOREX ACCOUNT WITH PFG.**

**PLEASE ALSO NOTE THAT IF YOU HOLD (1) A CLAIM AGAINST PFG BASED ON PRECIOUS METALS DERIVATIVES TRANSACTIONS, AND (2) A CLAIM AGAINST PFG BASED ON ANY OTHER RELATIONSHIP WITH PFG (SUCH AS A FUTURES ACCOUNT, A FOREX ACCOUNT OR OTHER CLAIM), YOU SHOULD USE THIS FORM SOLELY TO FILE YOUR CLAIM BASED ON PRECIOUS METALS DERIVATIVES TRANSACTIONS AND USE A SEPARATE CLAIM FORM (OR FORMS) TO FILE A CLAIM (OR CLAIMS) AGAINST PFG BASED ON ANY OTHER APPLICABLE RELATIONSHIPS.**

**GENERAL INSTRUCTIONS**

1. If you cannot compute the amount of your claim, you **must** file an estimated claim. In that case, please be sure to indicate that your claim is an estimated claim.
2. Proper documentation will speed the review, allowance, and satisfaction of your claim.
3. If you have more than one precious metals derivatives account with PFG, please file a single claim covering all such accounts.
4. Please enclose: copies (not originals) of any documentation or correspondence you believe will be of assistance in processing your claim, including, but not limited to, customer confirmations, account statements, and statements of purchase or sale.
5. Please feel free to include attachments providing additional explanations of the calculations or other evidence supporting your claim or claim amounts. **Please note that each attachment must be signed and dated by you.**
6. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the claim that you are asserting with this claim form, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**I. ACCOUNT BALANCE AT PFG**

Please state your account balance at PFG for your precious metals derivatives account based on the most recent customer statement provided by PFG. If you have multiple precious metals derivatives accounts, please state the aggregate net account balance. Please attach your PFG customer statement (or statements if you have multiple accounts) reflecting that balance.

Precious Metals Derivatives Account Balance per most recent PFG Customer Statement(s): \$\_\_\_\_\_

**II. ASSERTION OF ADDITIONAL CLAIMS**

Do you assert any claims against PFG based on your precious metals derivatives account at PFG that are not reflected in your account balance specified in No. I above?

YES

NO

If yes, please (a) include a signed attachment identifying all bases for any such claims, and (b) attach all evidence in support of any such claims.

**III. CAPACITY IN WHICH ACCOUNT HELD**

Please specify the capacity in which you hold your precious metals derivatives account at PFG (check all that are applicable):

- a. Individual capacity
- b. As guardian, custodian, or conservator for the benefit of a ward or a minor under the Uniform Gift to Minors Act
- c. As executor or administrator of an estate
- d. As trustee for the trust beneficiary
- e. In the name of a corporation, partnership, or unincorporated association
- f. As an omnibus customer account of the undersigned futures commission merchant
- g. As part owner of a joint account
- h. In the name of a plan which, on July 10, 2012, had in effect a registration statement in accordance with the requirements of § 1031 of the Employee Retirement Income Security Act of 1974 (known as “ERISA”) and the regulations thereunder
- i. As agent or nominee for a principle or beneficial owner (and not described in Items (III)(a)-(h))
- j. In any other capacity not described above in Items (III)(a)-(i)) (please specify the capacity):

**IV. OTHER MATTERS**

A. Is this a joint account?

**Check one:** YES  NO

*NOTE: If you selected "YES," specify the amount of your percentage interest in the account, and whether all participants in a joint account are claiming jointly.*

(1) My percentage interest in the account is: \_\_\_\_\_%

(2) Participants in a joint account are claiming: \_\_\_\_\_ (Check one)  
 SEPARATELY  FULLY JOINTLY

B. Apart from your precious metals derivatives account(s), do you have any other accounts with PFG?

**Check one:** YES  NO

*NOTE: If you selected "YES," specify the account numbers and the type of each such accounts (futures or forex account, etc.)*

Account Numbers	Type of Accounts
1. _____	_____
2. _____	_____

*(Attach additional page(s) if necessary)*

**V. DETAILS OF YOUR CLAIM**

A. Do you owe any amounts to PFG not already included in your account balances provided in No. I above?

**Check one:** YES  NO

*NOTE: If you selected "YES," please provide a detailed description in a signed attachment of any such claim or claims, and attach any supporting documentation you have. If you do not provide sufficient details, you may be sent a deficiency letter seeking additional information.*

**WHEN COMPLETING THE ABOVE PLEASE KEEP IN MIND:**

**Please list the full name, address, phone number, and email address of anyone assisting you in the preparation of this claim form:**

1. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_
  
2. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

If more than two people are assisting you, attach additional pages providing the information in the exact format above.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF UP TO \$50,000 OR IMPRISONMENT OF UP TO FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared (i.e., there is more than one name on the account), all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, agent, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)